

<PROGRAM TITLE>
 <date>
 <Joint sponsor name>
 Maine Osteopathic Association
PROGRAM EVALUATION

Please rate the following:	Excellent	Good	Fair	
Poor				
<Speaker>.: <Title>				
Content	_____	_____	_____	_____
Presenter's knowledge of topic	_____	_____	_____	_____
Presenter's delivery of material	_____	_____	_____	_____
Comments:				
<Speaker>.: <Title>				
Content	_____	_____	_____	_____
Presenter's knowledge of topic	_____	_____	_____	_____
Presenter's delivery of material	_____	_____	_____	_____
Comments:				
<Speaker>.: <Title>				
Content	_____	_____	_____	_____
Presenter's knowledge of topic	_____	_____	_____	_____
Presenter's delivery of material	_____	_____	_____	_____
Comments:				
Overall Program				
Content	_____	_____	_____	_____
Organization and overall quality	_____	_____	_____	_____
Adequacy of facilities	_____	_____	_____	_____
Registration process and staff	_____	_____	_____	_____

Were the stated learning objectives met by this offering? If not, why not?

What was most useful to you in this program?

Do you expect your practice to change as a result of having attended this program? __ Yes __ No

If yes, please explain:

Requests for future topics:

Signature

(optional): _____

Some presenters may have disclosed a financial interest, arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of their presentations. The disclosure declarations are available at the Registration table for review on request. This program was developed according to the standards relating to commercial support and bias put forth by the AOA. It remains for the audience to determine and report whether the speakers' outside interests may reflect a possible bias in either the exposition or conclusions presented.