

# Audience Feedback form

Please help us to improve our presentations by completing this short survey. All of your responses are anonymous, and you do not have to answer any questions that you do not want to answer.

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
day / month / year

Session Title: \_\_\_\_\_

**1. Please indicate your agreement with the following (*check one number for each*):**

	<b>Strongly Disagree</b> 1	Disagree 2	Neutral 3	Agree 4	<b>Strongly Agree</b> 5
The presentation was interesting.					
I learned something new from this presentation.					
I will talk to others about the information that was presented.					
I liked the way the information was presented.					

**2. If you have any other comments about this presentation, please share them here.**

**3. If you have any suggestions for improving future presentations, please share them here.**