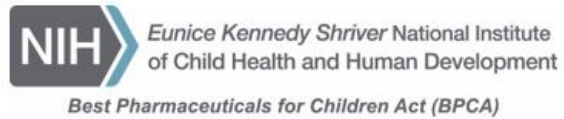


2. Did you perceive any commercial bias?

Yes

No



Continuing Medical Education Questionnaire - Please Indicate Yes or No to the Following Statements

3. The content presented was balanced, evidence-based, demonstrated scientific rigor, and was without commercial bias.

Yes

No

If no, please specify.

4. I was informed about the existence and resolution of relevant financial relationships/conflict of interests of planners and presenters prior to the presentation.

Yes

No

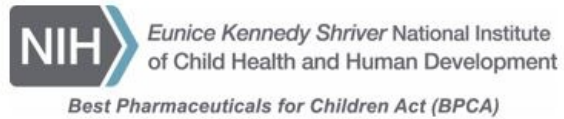
If no, please specify.

5. Speakers who discussed off label, investigational, or alternative uses of products, devices or techniques disclosed this in their presentation.

Yes

No

If no, please specify.



Continuing Medical Education Questionnaire - Comments

6. What comments or suggestions do you have for the faculty presenter(s)?

7. Are there any other speakers or new topics you would like to have covered in this or a related activity?

8. Do you have additional comments to enhance the utility or impact of the activity?

9. (Physicians Only) May we contact you in several weeks' time with a very brief survey to assess the usefulness of this CME activity?

Yes

No

If yes, please provide your email address.

Thank you for your feedback! If you have any other comments, please contact us at pharmcourse@infinityconferences.com.