

Webinar Participant Feedback Form

1) Name *(Fill in Blank)*

2) Organization *(Fill in Blank)*

3) How would you rate the seminar topic and content? The topic was relevant.

Strongly Disagree 1 2 3 4 5 Strongly Agree
(Check box)

Comments: *(Fill in Blank)*

4) How would you rate the seminar topic and content? The information presented was directly applicable to my work.

Strongly Disagree 1 2 3 4 5 Strongly Agree
(Check box)

Comments: *(Fill in Blank)*

5) How would you rate the level and amount of information provided? The level of detail was appropriate.

Not Enough About Right Too Much *(Check box)*

Comments: *(Fill in Blank)*

6) How would you rate the level and amount of information provided? The duration of the webinar was appropriate.

Not Enough About Right Too Much *(Check box)*

Comments: *(Fill in Blank)*

7) How would you rate the speaker(s)? The speaker(s) were knowledgeable.

Strongly Disagree 1 2 3 4 5 Strongly Agree
(Check box)

Comments: *(Fill in Blank)*

8) How would you rate the speaker(s)? The speaker(s) were clear and professional.

Strongly Disagree 1 2 3 4 5 Strongly Agree
(Check box)

Comments: (Fill in Blank)

9) How would you rate the speaker(s)? The speaker(s) accurately delivered valuable information.

Strongly Disagree 1 2 3 4 5 Strongly Agree
(Check box)

Comments: (Fill in Blank)

10) Additional webinar topics you would like to see (Fill in Blank)

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PAPERWORK REDUCTION ACT

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