

Seminar Evaluation Form

Course Location
Date of Course

1. What is your specific area of interest?

R&D
 Quality Assurance
 Production Test
 Other _____

2. What is your role at your company?

Engineering
 Technician
 Research
 Manager
 Other _____

3. How did you find out about this course?

Website
 Email/Phone
 Flyer
 Co-Worker/Manager
 Other _____

		Excellent	Good	Fair	Below Average	Poor
Course Content	Technical level appropriate					
	Relevance of content to your work					
	Your awareness of the topics prior to course					
	Overall rating of the course					
Instructor	Instructor's knowledge of course material					
	Material presented in a professional manner					
	Information delivered clearly					
	Overall instructor rating					
Facilities	Simple easy registration process					
	Convenience of location					
	Good classroom learning environment					
	Quality of food and beverages					
	Audio Visual quality					
	Overall rating of this facility					

Are there any additional topics not covered in the course you would have like to see addressed?

Any additional comments:

Name: _____ Email Address: _____

Company: _____ Telephone: _____

Colleague(s) who may benefit from this course: _____