

MUSC COLLEGE OF MEDICINE
OFFICE OF GRADUATE MEDICAL EDUCATION

CONFERENCE EVALUATION FORM

Speaker: _____

Date: _____

Topic: _____

1. *Organization of Presentation:*

Excellent Very Good Satisfactory Fair Poor

2. *Usefulness of Information:*

Very Useful Somewhat Useful Not Useful

3. *Quality of Audio-Visuals:*

Excellent Good Fair Poor Not Applicable

4. *Would you recommend that this speaker be invited again?*

Yes No

Most Useful:

Least Useful:

Comments/Suggestions to Improve:

What other related topics or issues would you like to see addressed at future conferences?