Clear Form SAVE

Meeting Feedback Form

Region: _____Date:_____

Topic:_____

Speaker(s):_____

Please rate the following categories on a scale from 1 to 5 (*check appropriate number*).

	Poor		*Adequate*		*Excellent*
Topic was relevant and useful:	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
Speaker was knowledgeable and effective:	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
I would recommend this training to others:	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯

Additional Comments:

Is this speaker available to speak at other MC5 functions? ☐ Yes ☐ No

If yes, are there any limitations (i.e. within xx miles) _____Fee_____

In Kind

If no speaker fee, presentation time (total all speakers): _____

Miles traveled by speaker: _____

If meeting room fee was waived, what is the normal fee? _____

If someone other than MC5 paid the meeting room fee, how much? _____

Miles traveled by Regional Representatives or volunteers (Total): _____

Overnight stay? ☐ Yes ☐ No

Hours donated by Regional Representatives or others (Total) _____

Other in kind support (food, copies, etc.): _____

Attachments included: ☐ CEU sign-in sheets ☐ CEU evaluation summary ☐ MC5 sign-in sheets

Send completed form to Regional Representative Coordinator within 15 days following each meeting.