

Colorado HITECH Symposium EVALUATION FORM

Please fill out as completely as possible and leave at the exit table, Evaluation Box, at the end of the day.

On a scale of 1 to 5, please indicate your opinion on the following:

	Very Useful				Not Very Useful
1. Was this information useful to you?					
Matt Guy / Session 1 - 8:30-9:30..	1	2	3	4	5
Bryan Eckhart / Session 2 – 9:45-10:45	1	2	3	4	5
John Otto / Session 3 - 11:00-12:00	1	2	3	4	5
Dr. Kern Low /Keynote Session (Luncheon talk)	1	2	3	4	5
Jill Sell-Kruse / Session 4 - 1:45-2:45	1	2	3	4	5
Mark Gonzales/Session 5 – 3:00-4:00	1	2	3	4	5

2. What are one or two things you found most beneficial today that you plan to use in your daily work?
(Please list below)

3. Which type of healthcare field or organization are you representing? (Please specify)

On a scale of 1 to 5, please indicate your opinion on the following statements:

	Strongly Agree		Agree		Strongly Disagree
4. The location of the symposium met my expectations	1	2	3	4	5
5. The time devoted to the symposium was adequate	1	2	3	4	5
6. If an annual symposium, I would plan to attend again . . .	1	2	3	4	5
7. The price for the symposium seemed reasonable	1	2	3	4	5
8. I believe others in the community would benefit from the material presented today	1	2	3	4	5

9. Other comments:

10. Optional:

Name _____ Organization _____
Email _____

THANK YOU FOR PARTICIPATING – YOUR INPUT IS APPRECIATED!