



EVALUATION FORM

The American Laryngological, Rhinological and Otological Society aka The Triological Society
2017 Combined Sections Meeting
January 19-21, 2017 | New Orleans, LA

TO RECEIVE A CME CERTIFICATE - PLEASE BRING THIS COMPLETED FORM TO:

On-site: present to Triological Society staff member
Email: beth@triological.org • Fax: 531-355-8905
Mail: Triological Society • 13930 Gold Circle Suite 103 • Omaha, NE 68144

NAME <i>(PLEASE PRINT)</i>		ARE YOU A MEMBER OF THE AMERICAN COLLEGE OF SURGEONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL		ACS MEMBERSHIP ID (required) <i>Credits will not post to your ACS MyCME webpage if ID not provided</i>	
ADDRESS			

AMA PRA Category 1 Credits™

The American College of Surgeons designates this live activity for a maximum of **17.00 AMA PRA Category 1 Credits™**.
Physicians should claim only the credit commensurate with the extent of their participation in the activity.

As a participant of this educational activity, I am claiming _____ hours of CME Credit.

***NOTE: 15 MINUTES OF SESSION ATTENDANCE = 0.25 AMA PRA CATEGORY 1 CREDITS™**

Please check the appropriate box.

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1. Overall, how would you rate this educational activity?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
2. Program topics and content met the stated objectives.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3. Content was relevant to my educational needs.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4. Educational format was conducive to learning.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5. Acquired knowledge will be applied in my practice environment.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
6. I will seek additional information on this subject.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
7. Program was fair, objective, and unbiased toward any product or program	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

8. Please explain any specific instance(s) of bias or conflict of interest.

BOTH SIDES MUST BE COMPLETED TO RECEIVE CME CREDITS

9. List a minimum of two things you are going to change in your practice as a result of what you have learned at this activity.

a.

b.

10. Describe the barriers anticipated when implementing the above changes.

11. Do you have any suggestions for future topics to support and/or expand on what you have learned at this activity?

12. What "hot topics" and/or panel presentations would you like to see at future meetings?

13. Did you visit the poster area?

Yes No

Did you attend the "Meet the Authors" poster reception?

Yes No

Was this of benefit to you and why/why not?

Yes No

Comments/suggestions

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
14. How would you rate the Audiovisual Services?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

AV Comments?

15. If you stayed at Sheraton New Orleans, how would you rate the hotel?

5 4 3 2 1

16. If you did not stay at Sheraton New Orleans, we would appreciate your reasons for not staying at the hotel.

17. Would you attend a future meeting in New Orleans?

Yes No

18. Additional Comments