



HEALMARK HEALTHCARE CONSULTING

FEEDBACK FORM

Please take a moment to complete this Feedback form. Your comments will assist us in improving our future Conferences [This information would be considered Confidential]

PARTICIPATION TYPE

- Delegate
 Student
 Speaker / Panelist
 Sponsor / Partner

<p>What were your primary objectives for attending this Conference?</p>			
<p>Did you get information that you were looking for in this Conference?</p>	YES	NO	QUITE OK
<p>Did the Conference meet your primary objectives?</p>	YES	NO	
<p>What attracted you to this Conference? (tick all that apply)</p>	<p> <input type="checkbox"/> CONFERENCE CONTENT (Topics) <input type="checkbox"/> SPEAKERS <input type="checkbox"/> NETWORKING OPPORTUNITY <input type="checkbox"/> OTHERS (please specify) : _____ _____ </p>		
<p>How did you hear about this Conference?</p>	<p> <input type="checkbox"/> BROCHURE <input type="checkbox"/> MAGAZINE <input type="checkbox"/> COLLEAGUE / FRIEND <input type="checkbox"/> EMAIL <input type="checkbox"/> INTERNET / WEB <input type="checkbox"/> OTHERS (please specify) : _____ _____ </p>		



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PLEASE RATE EACH OF THE FOLLOWING: (Please Tick)

	Well below expectations	Below Expectations	Met Expectations	Above Expectations	Well Above Expectations
Registration & Ushers					
Content of the sessions					
Venue / Facilities					
Lunch / Tea					
Hospitality					
Organizers					

SPEAKERS & KNOWLEDGE RESOURCE

	Well below expectations	Below Expectations	Met Expectations	Above Expectations	Well Above Expectations
SPEAKERS					
PANEL DISCUSSION					

OTHERS

One thing that you liked the most about the Conference	
One thing that you would want us to improve in the Conference	

Any other Comments:

NAME : _____

ORGANIZATION : _____