

EVALUATION FORM

Lunch & Learn Audio-Conference,

“The Quality Management Focus: Key Strategies for Navigating the Road Ahead”

Tuesday, July 8, 2003, 12:00 noon to 1:30 p.m. Mountain Time

Please circle your response to the questions below:

- | | | | |
|---|-----|----|-----------|
| 1. Were the objectives stated in the program flyer met? | YES | NO | PARTIALLY |
| 2. Was the overall quality of the content good? | YES | NO | PARTIALLY |
| 3. Was the session well organized, integrated, and in a logical sequence? | YES | NO | PARTIALLY |
| 4. Was the level of information appropriate for the audience? | YES | NO | PARTIALLY |
| 5. Were the reference materials useful and related to the session's objectives? | YES | NO | PARTIALLY |
| 6. Were the presenters well prepared to conduct the session? | YES | NO | PARTIALLY |
| 7. Did they present a well-balanced session? | YES | NO | PARTIALLY |
| 8. Did they communicate effectively? | YES | NO | PARTIALLY |
| 9. Should this topic be offered again? | YES | NO | |
| 10. Should the audio-conference option be offered again? | YES | NO | |
| 11. Please list some audio conference topics that would be of interest to you and the staff at your organization: | | | |

12. Comments:

*Please complete and return one evaluation form per location.
Include additional comments related to this session on a separate sheet.*

* * * * *

Agency name _____

Contact person _____

Phone (_____) _____ Fax (_____) _____

Number of audio-conference participants from this location: _____

**Please fax this completed form at the conclusion
of the audio-conference to:
(303) 694-4869**