

# Albany County Bar Association

CLE Title: “ \_\_\_\_\_ ”

Date: \_\_\_\_\_

## Evaluation Form (Circle your Responses)

Time	excellent	good	fair	poor	
Location of Event:	excellent		good	fair	poor
Program Quality:	excellent		good	fair	poor

### **Speaker:**

Instructor Quality:	excellent	good	fair	poor
Written Material:	excellent	good	fair	poor

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### ***Comment and Suggestions on today's seminar:***

Advantage: \_\_\_\_\_

Disadvantage: \_\_\_\_\_

Suggestion to improve this seminar \_\_\_\_\_

### ***How did you hear about this program?***

\_\_\_\_ Newsletter \_\_\_\_ E-mail \_\_\_\_ Website \_\_\_\_ Friend \_\_\_\_ Other, please specify \_\_\_\_\_

### ***What topics would you be interested in having a CLE seminar on in the future?***

\_\_\_\_\_

***Returning your Evaluation of this program is very important in assisting the ACBA to continue to provide educational and relevant programs to our members and the community.***