1. What was your reason for enrollment?
   __Program topics
   __Location of the program
   __Desire to broaden your knowledge
   __Needed CME hours
   __Other ________________________________

2. Were you interested in a specific speaker?
   __Yes
   If so, who ________________________________
   __No

3. Have you previously attended an AOCD CME program?
   __Yes
   __No

4. What is the population of the city in which you practice?
   __under 10,000 __ 10,000-30,000 __ 30,000-50,000
   __50,000-100,000 __ over 100,000

5. What type of practice are you currently engaged in?
   __solo __ group __ hospital __ military __ retired

6. List the subjects you felt were most valuable to you.
   __________________________________________

7. List the subjects you felt could have been omitted.
   __________________________________________

8. Please comment on what ways you think the course could be improved.
   Location
   Conference Schedule
   Time of Lectures
   Breaks

9. In general, do you base your decision to attend a CME program on:
   __program content __ program location __ need for CME hours

10. If you could choose ONE location to attend a CME program, where would it be?
    ___________________________________________

Continued on the Back
11. What topics would you like to see addressed at future AOCD CME programs?

_________________________________________________________________________

12. What was the best part of your experience at this meeting?

_________________________________________________________________________

13. What was the worst part of your experience at this meeting?

_________________________________________________________________________

General Evaluation (please circle one)  Excellent  Good  Average  Fair  Poor
Program content                        5         4         3         2         1
Scheduling                             5         4         3         2         1
Length of program                      5         4         3         2         1
Program publicity                      5         4         3         2         1
Facilities                             5         4         3         2         1
Overall rating of program              5         4         3         2         1

Thank you for taking the time to complete this evaluation. It is greatly appreciated and will facilitate planning for future meetings.

Marsha A. Wise
Executive Director