



Participant's evaluation form

Fill out the form after the meeting to obtain your CME accreditation.

Your name: **E-mail:**

Title of event:

1. How useful for your professional activity did you find this event?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Excellent | Good | Fairly good | Poor | Very poor |

2. Did the event fulfil your educational goals and expected learning outcomes?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Very much | Indeed | Somewhat | Not much | Not at all |

3. Quality of the presentations?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Excellent | Good | Fairly good | Poor | Very poor |

4. How well organized was this event?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Excellent | Good | Fairly good | Poor | Very poor |

5. Do you agree that the event was overall free of commercial and other bias?

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No |

If **no**, please explain:
.....

6. Did all the faculty members provide their potential conflict of interest declaration with the sponsor(s) as a second slide of their presentation?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Yes, all | The majority | Some | No | Undecided |

7. Further comments:
.....