**Meeting Evaluation Form ~ March 24, 2017**

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| **I. Program** | | | | | | | **NO!** | | **SO-SO** | **YES!** |
| Was the meeting well organized? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| Were the topics relevant to you? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| Were the presentations relevant to the overall workshop theme? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| **Comments on the program:** | | | | | | | | | | |
| **II. Speakers** | | | | | | | **NO!** | | **SO-SO** | **YES!** |
| Overall, were the speakers informative and understandable? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| Were the speakers prepared? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| Were the topics presented understandable? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| Were the questions and discussion handled to your satisfaction? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| **Comments on the speakers:** | | | | | | | | | | |
| **III. Logistics** | | | | | | | **NO!** | | **SO-SO** | **YES!** |
| Was the workshop format conductive to open dialogue? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| Were the session starting and ending times convenient? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| Was your registration handled smoothly?  Was there adequate communication with you from organizers leading up to the workshop? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| **Comments on logistics:** | | | | | | | | | | |
| **IV. Taking it with you…** | | | | | | | **NO!** | | **SO-SO** | **YES!** |
| Did you gain insight into the current scientific research relevant to the Southern Epidemic? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| Overall, was the workshop worthwhile? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| Will you take action(s) on what you learned about the Southern Epidemic? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
| Did you network with others whom you expect to hear from in the future? | | | | | | | **○1 ○2 ○3 ○4 ○5** | | | |
|  | | | | | | | | | | |
| **What are your overall comments, feedback, and realistic suggestions? Use back of sheet if necessary.** | | | | | | | | | | |
| ***Optional*: Please select the answer that best represents you:** | | | | | | | | | | |
| **Ethnicity:** | **○** American Indian | ○ Alaska Native | ○ Asian | | ○ Black or African American | | | ○ Hispanic | | |
| ○ Native Hawaiian or Other Pacific Islander | | | ○ White | | ○ Two or More Races | | | | |
| **I identify my gender as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| Thank you for your participation in this HIV / AIDS in the Southeast Workshop and Evaluation Form! | | | | | | | | | | |