

YANKEE 2020 SOCIAL AND CULTURAL EVALUATION

Your feedback is important to us. Please take a moment to complete this survey and return it to the on-site coordinator. Thank you.

Event _____

1. Please assess this program/event.

- ☐ Excellent ☐ Good
☐ Fair ☐ Poor

2. Did the program/event meet your expectations?

- ☐ Yes ☐ No

If No, please explain _____

3. What was it about the program/event that made you sign up for it, or brought you here today?

- ☐ Topic ☐ Time ☐ Other _____
☐ Speaker ☐ Cost

4. If food was served, how would you describe it?

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ NA

5. What kinds of programs would you like to see offered next year?

6. Please feel free to make any additional comments/suggestions.

7. Would you like to volunteer for the Yankee Dental Congress 2021 Social and Cultural Committee?

Name: _____

Telephone: _____ Email: _____