



**FLORIDA HEALTH SCIENCES LIBRARY ASSOCIATION  
2003 MEETING PARTICIPATION EVALUATION**

Please take a few moments to complete this survey to assist FHSLA in making even better future meetings.

		Absolutely Stupendous	Loved It	OK	Needs Help
1.	What was your overall impression of this meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Please indicate your opinion on each of the following:				
	Keynote Speaker: Pam Seefeld, PharmD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Banquet Speaker: Leslie Gibson, RN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hotel accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Banquet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Friday breakfast with vendors & posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Friday closing session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Please indicate your opinion on CE Courses:				
	Complementary & Alternative Medicine <input type="checkbox"/> Attended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tips and Tricks in Word and Excel <input type="checkbox"/> Attended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PubMed LinkOut <input type="checkbox"/> Attended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CE Class Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CE Class Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CE Class Room Ambiance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CE Class Time Allotted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	What determines whether you attend a FHSLA meeting or not? Please check all that apply:				
	<input type="checkbox"/> Location In The State		<input type="checkbox"/> CE Courses		<input type="checkbox"/> Price Of CE Course
	<input type="checkbox"/> Price Of Meeting		<input type="checkbox"/> Cost Of Hotel Room		<input type="checkbox"/> Date Of Meeting
	<input type="checkbox"/> Availability Of Institutional Funding		<input type="checkbox"/> Other _____		
5.	Please specify your institution type:		<input type="checkbox"/> Academic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other
6.	The highlight or most rewarding aspect of this meeting was:	<hr/>			
7.	The least satisfactory aspect of this meeting was:	<hr/>			
8.	Additional comments:	<hr/>			