

Session #: _____

If there is a paper available for this panel, will you read the paper? **Yes** **Maybe** **No**

How much did you learn from the panel? **Nothing** **One or Two Things** **Many Things**

Will you apply or implement any of what you learned during the panel? **Yes** **Maybe** **No**

What other feedback would you like to provide to the panelists?

What other comments can you provide on how similar sessions can be improved for next year?

Moderator Evaluation

The Moderator ...	Yes	No
Started the session on time	<input type="checkbox"/>	<input type="checkbox"/>
Introduced the session	<input type="checkbox"/>	<input type="checkbox"/>
Provided the session number for the evaluation form	<input type="checkbox"/>	<input type="checkbox"/>
Introduced each panelist	<input type="checkbox"/>	<input type="checkbox"/>
Kept the panel and Q&A on track	<input type="checkbox"/>	<input type="checkbox"/>
Held to the scheduled time for each panelist	<input type="checkbox"/>	<input type="checkbox"/>
Allowed adequate time for questions	<input type="checkbox"/>	<input type="checkbox"/>
Provided instructions for completing this evaluation form	<input type="checkbox"/>	<input type="checkbox"/>
Ended the session on time	<input type="checkbox"/>	<input type="checkbox"/>

Please return this form to the moderator or where the moderator instructed.

Thank You!