# Seminar Evaluation Form

**Speaker:** Dr. Alexander Karkazis, DDS  
**Course Title:** Vital Pulp Therapy: Management of Deep Caries  
**Date:** March 18, 2022

*Please help us to serve you better by taking a few minutes to tell us about your seminar experience so far.*

## Registration

<table>
<thead>
<tr>
<th>Excellent</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>Poor</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
</table>

- Online Registration Process
- Check-in process the morning of the seminar

## Speaker

<table>
<thead>
<tr>
<th>Excellent</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>Poor</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
</table>

- Effectiveness of the speakers presentation
- Effectiveness of PowerPoint slides
- Handouts (incl. outline & bibliography)
- Relevancy & applicability of presentation to dentistry &/or your practice
- How well did the stated learning objectives meet your expectations?
- What overall rating would you give to this presentation

## Participant

<table>
<thead>
<tr>
<th>Excellent</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>Poor</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
</table>

- Rate how effectively your personal objectives were satisfied
- To what extent did this course enhance your current knowledge or skill

## Virtual Platform "ZOOM"

<table>
<thead>
<tr>
<th>Excellent</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>Poor</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
</table>

- Rate the Virtual Platform "ZOOM"

## Additional Constructive Comments:

________________________

Which of the following describes your position?

**DENTIST:** ____ General Practitioner       ____Specialist  
**STAFF:**     ____ Chairside Assistant  ____Administrative Assistant  ____Hygienist  ____Other ________________________

Your name: ________________________________________________________________

Dr. or Practice’s name (if staff member)