



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.

| | Excellent 5 | 4 | 3 | 2 | 1 Poor | N/A |
|--|----------------|---|---|---|-----------|-----|
| REGISTRATION: | | | | | | |
| Online Registration Process | | | | | | |
| Check-in process the morning of the seminar | | | | | | |
| SPEAKER: | | | | | | |
| Effectiveness of the speakers presentation | | | | | | |
| Effectiveness of <u>PowerPoint slides</u> | | | | | | |
| Handouts (incl. <u>outline</u> & <u>bibliography</u>) | | | | | | |
| Relevancy & applicability of presentation to dentistry &/or your practice | | | | | | |
| How well did the stated <u>learning objectives</u> meet your expectations? | | | | | | |
| What overall rating would you give to this presentation | | | | | | |
| PARTICIPANT: | | | | | | |
| Rate how effectively your personal objectives were satisfied | | | | | | |
| To what extent did this course enhance your current knowledge or skill | | | | | | |
| | | | | | | |
| 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)