



Seminar Evaluation Form

Speaker: Dr. Luis Martinez Ortiz, DMD

Course Title: Electronic Cigarettes

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)
