



**Seminar Evaluation Form**

**Speaker:** Dr. Benjamin Samardak, DDS  
**Course Title:** Bone Grafting in Dentistry  
**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
<b>REGISTRATION:</b>						
Online Registration Process						
Check-in process the morning of the seminar						
<b>SPEAKER:</b>						
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						
<b>PARTICIPANT:</b>						
Rate how effectively your personal objectives were satisfied						
To what extent did this course enhance your current knowledge or skill						
<b>Rate the Virtual Platform "ZOOM"</b>						

**ADDITIONAL CONSTRUCTIVE COMMENTS:**

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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) \_\_\_\_\_