

SEMINAR EVALUATION FORM

SEMINAR NAME  
DATE – Seattle, WA

Bar #: \_\_\_\_\_ Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Optional - Not necessary to receive credit)

Please comment on the speakers.

**Speaker**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location/ Facility**    \_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Average    \_\_\_\_\_ Needs Improvement  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Which of the following influenced your decision to attend today's program (rank in order of importance)?

\_\_\_\_\_ Subject    \_\_\_\_\_ Faculty    \_\_\_\_\_ Date    \_\_\_\_\_ Location    \_\_\_\_\_ Cost    \_\_\_\_\_ Credits

How did you find out about today's program?

\_\_\_\_\_ Program Brochure    \_\_\_\_\_ Seminar Catalog    \_\_\_\_\_ Email Broadcast    \_\_\_\_\_ Website    \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Please include any other comments here - including other programs you would like to see WSBA-CLE offer, topics and speakers you would like to recommend, or any other suggestions for improving WSBA-CLE programs. We appreciate your comments:

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