

CM ACTIVITY EVALUATION FORM

		Name of Eve	nt:						
ertification laintenance e American Institute Certified Planners' mmitment to ntinuing education.		Date:							
		Location:							
		1	Overall	the event Lat	tended met or exc	reeded my expect	ations:		
•		ngly Agree	Agree	Neutral		ıree	Stron	gly Disa	gree
2.	The pro		knowledgeable at						_
	_				5	4	3	2	1
	b. Pres	senter 2			5	4	3	2	1
	c. Pres	senter 3			5	4	3	2	1
3.	-		ered their materia		_			_	
	d. Pres	senter 1			5	4	3	2	1
	e. Pres	senter 2			5	4	3	2	1
	f. Pres	senter 3			5	4	3	2	1
4.	The eve	ent provided u	seful ideas or tech	niques.					
	Stron	Strongly Agree Agree		Neutral	Disa	Disagree		Strongly Disagree	
5.	The eve	ent better prep	ared me to do my	job or perform m	y role.				
	Stron	ngly Agree	Agree	Neutral	Disa	igree	Stro	ngly Disa	agree
6.	How did you hear about the program today: (circle all that apply)								
	PA Chapter website Email blast Newslett				Colleague				
			Section Meeting	Other:					
7.		-	ut the program? (ly)				
_	Educa		_	•		Price	Ot	ther:	
8.	Do you	have additiona	al comments or su	iggestions?					