

MEDICAL PHYSICS CONTINUING EDUCATION PROGRAM EVALUATION

PROGRAM: ICRM 2016 International Conference on Radiation Medicine

DATES: 02/21/2016 – 02/25/2016

LOCATION: Riyadh, Saudi Arabia

ATTENDEE INFORMATION: *Please print. Include degree if to be included on certificate.*

NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

MEMBER: _____ **CERTIFIED:** _____
 _____ AAPM _____ ACR _____ COMP _____ ABR _____ ABMP _____ CCPM

..... Separate on dotted line

EVALUATION: *Please circle appropriate response.*

	<i>POOR</i>					<i>EXCELLENT</i>
Program Content	0	1	2	3	4	5
Learning Objectives Clearly Presented	0	1	2	3	4	5
Faculty Knowledge	0	1	2	3	4	5
Quality and Level of Presentations	0	1	2	3	4	5
Handouts	0	1	2	3	4	5
Meeting Room and Facilities	0	1	2	3	4	5
Audiovisuals	0	1	2	3	4	5
Followed Schedule	0	1	2	3	4	5

Comments:

In order to receive MPCEC credits, the top part of this form must be completed and returned to the Program Director. To maintain anonymity, separate the top and bottom form parts at the dotted line or use a second form for the program evaluation.