



CES Course Evaluation

We want to ensure our training sessions are as meaningful as possible and appreciate your candid feedback of the course reference below. Please complete and drop off before you leave, or mail to: Kerfkore, 2630 Sidney Lanier Drive, Brunswick, GA, 31525. Fax: 912-262-9763

DATE:	_		ON:					
Please indicate you Architect	ease indicate your role: Architect				□ Legal/Accounting/Staff			
CIRCLE ONE NUM	BER PER QU	ESTION:	Poor		Ex	(CELLENT		
Overall satisfaction with this session:			1	2	3	4		
Course learning objectives clearly stated and met				2	3	4		
3. Satisfaction with the <i>format</i> of this workshop:				2	3	4		
4. Met overall personal objectives for attending:				2	3	4		
5. Overall quality of training aids (handouts, audio/visual, etc.):				2	3	4		
6. Quality of session content:			1	2	3	4		
7. Overall knowledge and presentation of speakers:			1	2	3	4		
Presenter Name	· '	'						
8. Applicability/value of new knowledge, ideas, or information:			1	2	3	4		
9. This course was	non-biased, 1	non-promotional of produ	ct, material	or service	: Yes□ N	√o □		
If no, please exp	lain							
How could this se	ession be imp	proved?						
What other topics	s would be o	finterest?						
Additional Comm	nents:							