

Seminar Evaluation

Practical Tools for Control, Survival, and Success

If you are a CPA using this program for CPE credits, please fill out the other side.

1. Please rate the overall program: Excellent Good Fair

2. Please rate the instructor overall: Excellent Good Fair

3. Would you recommend the program to others? Yes No

4. Do you belong to any trade association/corporate/franchise network that might be interested in a similar presentation at an upcoming meeting? Would you be interested in sponsoring a similar seminar for your company? If so, fill in your name at the bottom of the page so we can follow up.

Organization _____ City _____ State _____

Contact Name _____

5. Which future seminars would be of interest to you?

- Business Valuation
- Planning for Transition/Estate Planning
- Strategic Planning (*incorporating marketing and financial issues*)

6. Are there any additional comments you wish to make about the course content, teaching materials, or the instructor? _____

7. May we use your name in future publicity for this program? Yes No

8. Please fill in your name, address, and phone number below.

NAME _____

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX _____ EMAIL _____

Date of Program: _____ **Program Instructor:** _____

Please sign me up for the free Profit Mastery® e-zine.
Be sure to complete your email address above!

Profit Gap does all the Profit Mastery calculations on your business. Are you interested in learning more about Profit Gap, including a free one-month trial?

Seminar Evaluation

Practical Tools for Control, Survival, and Success

In accordance with NASBA CPE regulations, this evaluation is intended only for CPAs attending this program. Use reverse side if you are a banker or business owner.

1. Please rate the overall program Excellent Good Fair Poor
 2. Please rate the instructor overall Excellent Good Fair Poor

Circle the number which best describes how effective the program was in achieving the following statements.

		Strongly Disagree → Strongly Agree					N/A
		1	2	3	4	5	
3.	Stated learning objectives were met						
4.	Prerequisite requirements were met (if applicable)						
5.	Program materials were accurate						
6.	Program materials were relevant and contributed to achievement of learning objectives						
7.	Time allotted to the learning activity was appropriate						
8.	Individual instructors were effective						
9.	Facilities and/or technological equipment was appropriate						
10.	Handout or advance preparation materials were satisfactory						
11.	Audio and visual material were effective						

12. Would you recommend the program to others? Yes No
13. Do you belong to any trade association/corporate/franchise network that might be interested in a similar presentation at an upcoming meeting? Would you be interested in sponsoring a similar program for your company? If so, fill in your name at the bottom of the page so we can follow up.

Organization _____ City _____ State _____

Contact Name _____

14. Which future programs would be of interest to you?
- Business Valuation
- Planning for Transition/Estate Planning
- Strategic Planning (incorporating marketing and financial issues)
15. Are there any additional comments you wish to make about the course content, teaching materials, or the instructor?

16. May we use your name in future publicity for this program? Yes No

17. Please fill in your name, address, and phone number below.

NAME _____

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX _____ EMAIL _____

Date of Program: _____ **Program Instructor:** _____

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