



<b>Please complete your details:</b>	
Name:	_____
Job Title:	_____
Company:	_____
E-mail:	_____

**Medico-Legal Issues in Accident and Emergency Care**

6 March 2019, Fieldfisher, London

**DELEGATE EVALUATION FORM**

Dear Delegate

We value your opinion on all aspects of this conference and use this information to improve the quality and content of our forthcoming events. We would be grateful if you would spare a few moments to complete the following and either return it to the registration desk before you leave or send it to AvMA at your earliest convenience.

**1. What was the major factor in the decision to attend this conference?**

Interesting programme	<input type="checkbox"/>	Networking Opportunities	<input type="checkbox"/>	Cost	<input type="checkbox"/>
Location of conference	<input type="checkbox"/>	AvMA's reputation	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please specify: \_\_\_\_\_

**2. Please rate our speakers using the following scoring system.**

	Excellent	Good	Satisfactory	Poor	Comments
<i>Chair: Richard Booth QC</i>					
Time-Keeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contribution:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>1) Dr Tim Nutbeam</b>					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2) Mr Nadeem Nayeem</b>					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3) Mr Paul Kennedy</b>					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4) Mr Peter Richmond</b>					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5) Mr Manolis Gavalas</b>					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6) Mr Peter Richmond</b>					
Overall Presentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Excellent	Good	Satisfactory	Poor	Comments

