



SESSION EVALUATION FORM

Session Number: _____

Session Moderators: _____

Attendance (approx.): _____

All speakers present? yes
 no, _____ missing

All speaker presentations ok? yes
 no, small fonts
 no, invisible colours
 no, too many slides
 no, unpractised speaker

A/V equipment working? yes
 no. Please specify on reverse

Everything else working fine? yes
 no. Please specify on reverse

Please return this sheet to the conference registration desk