

Program Evaluation

Hogan
Lovells

Title: _____

Presented by: _____

Date: _____ Time: _____

Location: _____

Please take a moment to complete this evaluation. We appreciate your attendance and hope you will participate in another Hogan Lovells program soon.

Name (optional): _____

Please circle the number that best describes your opinion about this program.

	Excellent	Good	Fair	Poor	N/A
Program Content	5	4	3	2	1
Quality of Instruction	5	4	3	2	1
Quality of Written Materials	5	4	3	2	1
Facility	5	4	3	2	1
Technology	5	4	3	2	1

How may we improve our next program?: