



**CHAPTER EDUCATION PROGRAM EVALUATION
(CARD MUST BE COMPLETED FOR EDUCATION CREDIT)**

Session Attended: _____ **Date:** _____

Member Name: _____

Please fill in the appropriate oval to indicate your evaluation of this seminar.	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	NOT APPLICABLE
	5	4	3	2	1	N/A
OVERALL VALUE						
CONTENT						
PRESENTER(S)						
SUPPLEMENTAL MATERIALS						

Would you recommend this program to another club manager? (Circle One) Yes No

In an effort to constantly evaluate and improve educational programming, CMI is interested in your evaluation of this program. Please give us your suggestions below. Continue on back if necessary.