



# American Academy of Physician Assistants

## AAPA Chapter Product Theater Series (CPTS) Feedback Form

Title of Chapter Product Theater Series \_\_\_\_\_

Constituent Organization \_\_\_\_\_ Meeting Date \_\_\_\_\_

Speaker \_\_\_\_\_

Total registrants \_\_\_\_\_ Total attendees \_\_\_\_\_

Were there any concurrent sessions?  YES  NO

### **Program Content**

Please rate the following aspects of the program based on a scale of:

**5 = Outstanding 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor NA = Not Applicable**

1. Program content (1-5) \_\_\_\_\_

2. Overall speaker effectiveness (1-5) \_\_\_\_\_

3. Was the grant support announced prior to presentations?  YES  NO

4. Were representatives from the company that supported the presentation present?

YES  NO

### **Administration of CPTS Program**

Please rate the overall process of incorporating the CPTS presentation into your conference (using the scale from the previous page) (1-5) \_\_\_\_\_

1. Were the CPTS opportunity announcements received in a timely manner relative to the meeting date?  YES  NO

2. Did the announcements appropriately describe the topic(s)?  YES  NO
3. Were you satisfied with the CPTS session assignment procedures that were managed by the AAPA staff?  YES  NO
4. Was the AAPA staff helpful during the pre-meeting process?  YES  NO
5. Will you schedule another CPTS in the future?  YES  NO

**Comments are welcomed about the program content and/or the administrative processes:**

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**Return both parts of this Feedback Form to Reggie Henderson at AAPA by fax at 703-684-1924. Payment to the constituent organization will be made upon receipt of this evaluation.**