



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter - Eastern Illinois University

Day/Date: 10/7/14

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

Very engaging speaker, very knowledgeable, included great strategies to consume foods in a more healthy manner.

What did you find least valuable?

Though the content of the presentation was fantastic, the overall flow was a little disjointed.

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Painter

Day/Date: 7 Oct 2014

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	1	2	3	4	5
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: Tues Oct 7

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	1	2	3	4	5
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: Tue / 7/10

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

Possibilities.

What did you find least valuable?

Please list other topics that are of interest to you.

Commercialization?

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Parker

Day/Date: 10/7/07

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

Study results.

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: 10/7/14

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter
Day/Date: Tue 11:00 - 11:50

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

MARKETING TO CONSUMER PERSPECTIVE.

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

OUTSTANDING

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: Tues 10/7

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: _____

Jim Painter

Day/Date: _____

10/07/2014

11:00

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

portion information

What did you find least valuable?

video not working

Please list other topics that are of interest to you.

labeling food

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: PAINTER

Day/Date: 10/17

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable? PORTION SIZE

What did you find least valuable? VIDEOS DID NOT WORK

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: John Painter

Day/Date: Oct 7, 2014

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	1	2	3	4	5
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

US Obesity Study

What did you find least valuable?

Videos flopped

Please list other topics that are of interest to you.

more fat / Sochin Research

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: DR. PAWTR

Day/Date: OCT 7, 2014

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	1	2	3	4	5
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable? OVERALL GREAT PRESENTATION

What did you find least valuable? Q & A

Please list other topics that are of interest to you. more ON RESEARCH

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: 10/7/14

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	1	2	3	4	5
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable? Recipe revisions Cooking with new names for health

What did you find least valuable? Some nut research

Please list other topics that are of interest to you. Heart Health

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: DR. Faunter

Day/Date: OCT 7, 2014

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable? SWACK Alternatives Research results

What did you find least valuable? _____

Please list other topics that are of interest to you. More Health and nutrition

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Painter

Day/Date: 11am 10/7

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

info on nuts and raisins, portion

What did you find least valuable?

jokes

Please list other topics that are of interest to you.

wrong doctor recommendations

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: Tuesday

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

Know ledgeable Speakers

What did you find least valuable?

Nothing

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter
Day/Date: Tuesday, October 7th

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable? portion size
education the consumer needs to make
wiser choices to combat unhealthy eating
habits

What did you find least valuable?
he trailed off when speaking at the
end of statements - hard to understand
end comments

Please list other topics that are of interest to you.
he's an excellent speaker!!

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: James Painter

Day/Date: Tuesday 7

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

HIS FOCUS

What did you find least valuable?

THE VIDEOS NOT WORK

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: Tues. Oct. 7

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim P.

Day/Date: 10/7/2014

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: Tues / 10/17

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: James Painter

Day/Date: Tues, Oct. 7th, 2014

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
Quality of the session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

"Good" ingredients to reduce sugar and sodium

What did you find least valuable?

Nothing!

Please list other topics that are of interest to you.

Other ingredients that ~~sati~~ are good replacements

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: Oct 7th

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

Some of the ideas

What did you find least valuable? Only presented ideas

but there were no tools that we can use to implement. The conference

did not give any more info that one could assume from the title.

Please list other topics that are of interest to you.

How we can do this!

The process...

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Tim Painter Journal Nutrition

Day/Date: Oct 7 / Tue

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable? New techniques for marketing RND projects to potential clients.

What did you find least valuable?

N/A

Please list other topics that are of interest to you.

Further information on sodium/potassium balance as it relates to hypertension and coronary disease.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: Tue, 7/10/2014

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: 10/7 11am

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

What did you find least valuable?

Please list other topics that are of interest to you.

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Pain

Day/Date: tues Oct 7

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

using humor do make vB point

What did you find least valuable?

video malfunction

Please list other topics that are of interest to you.

more of the same

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.



Evaluation Survey

Please write in speaker's name and day/date of presentation.

Speaker: Jim Painter

Day/Date: 10/7/14

On a scale of 1 to 5, with 5 being excellent and 1 being poor, please rate the following by selecting a rating that best represents your feelings.

	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
Quality of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of the speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaker's knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did the seminar cover the content you expected it to? Yes No

What did you find most valuable?

the results of the studies Jim & his team had conducted

What did you find least valuable?

nothing

Please list other topics that are of interest to you.

studies done on the egg white craze currently going on in the ASR industry

Would you recommend this session to a colleague? Yes No

Thank you!

Please return this survey to the greeter positioned at the door.