WPS Medicare
Seminar Satisfaction Survey

Seminar: Billing Medicare for EPO **Date:** 12/12/06 PM

We would like to know what you think. Please complete the following evaluation to help us gauge your satisfaction of this presentation. Your opinion will help us determine future educational offerings.

Using a scale of 1 - Strongly Disagree to 6 - Strongly Agree, please mark the number that best reflects your assessment of each statement below.

Please provide additional comments as applicable. Especially when rating a statement three or less.

1) The presentation's advertisement accurately reflected the content

Strongly Disagree 1 2 3 4 5 6 Strongly Agree

Comments: _____

_____

2) The registration process was easy to complete

Strongly Disagree 1 2 3 4 5 6 Strongly Agree

Comments: _____

_____

3) The length of the presentation was appropriate

Strongly Disagree 1 2 3 4 5 6 Strongly Agree

If you disagree would you have preferred the presentation to be longer or shorter: _____

_____

4) The course materials provided were helpful (if applicable)

Strongly Disagree 1 2 3 4 5 6 Strongly Agree

Comments: _____

_____

5) The visual aids provided were helpful (if applicable)

Strongly Disagree 1 2 3 4 5 6 Strongly Agree

Comments: _____

_____

6) The presentation was easy to follow

Strongly Disagree 1 2 3 4 5 6 Strongly Agree

Comments: _____

_____

Survey continued on opposite side

7) I was satisfied with the speaker's presentation skills

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Comments: _____

_____

8) The presenter was receptive to questions

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Comments: _____

_____

9) The presenter was knowledgeable about the topic

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Comments: _____

_____

10) The presentation was relevant for people with various levels of experience

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Comments: _____

_____

11) Overall, I was satisfied with this presentation

Strongly Disagree					Strongly Agree
1	2	3	4	5	6

Comments: _____

_____

12) I would attend another presentation provided by WPS Medicare

YES NO

Comments: _____

_____

Additional Comments: _____

_____

_____

Thank you for completing this survey.

Please send us your comments via:

Fax	Mailing Address
(608) 301-2625	WPS Medicare Seminar Survey P.O. Box 7758 Madison, WI 53701-7758