

Today's Date: \_\_\_\_\_



## **Erchonia Seminar Evaluation**

Please take a moment to answer the following questions. Your participation is very much appreciated.

Who was the presenter today? \_\_\_\_\_

How was the pace of the seminar?  
a) TOO FAST                      b) TOO SLOW                      c) JUST RIGHT

Did you, or are you planning to purchase an Erchonia Medical Laser today?    YES    or    NO  
If no, would you consider purchasing one in the future?                      YES    or    NO

If still no, why?  
a) NOT APPLICABLE TO MY PRACTICE    b) DON'T UNDERSTAND THE TECHNOLOGY  
c) COST    d) OTHER

What is the reason you chose to attend the seminar today?  
a) DOCTOR/PRESENTER REPUTATION    b) CONTINUING EDUCATION  
c) PRODUCT INTEREST                      d) OTHER

How did you hear about today's seminar?  
a) COLLEAGUE REFERRAL                      b) ERCHONIA WEB SITE  
c) TRADE PUBLICATION                      d) DIRECT MAIL

Did you receive a discount on today's seminar?                      YES    or    NO

What type of practice do you have?  
a) NUTRITIONAL                                      b) MODALITY  
c) MANIPULATION                                      d) ALL OF THE ABOVE

Would you recommend this seminar to a colleague?    YES    or    NO

How do you feel about the value of the seminar?  
a) EXCELLENT                                      b) GOOD  
c) OKAY    d) NO VALUE

Was the information and education of the laser sufficient to enable you to use it in your practice?  
YES    or    NO    If no, what areas could we improve? \_\_\_\_\_

Please provide us with any suggestions or comments that might help us improve our seminars. If more space is needed, please feel free to use the back of the page. \_\_\_\_\_

Please provide us with your contact information so that we may update you on future seminars and advancements on the Erchonia Medical Laser. *(Your information will only be used by Erchonia)*

NAME: (please print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_