



**2010 FSH Society International Patient and Researcher Network Meeting
July 30, 2010 – August 1, 2010
Paris / Bally's Las Vegas
Las Vegas, Nevada**

In order to meet our objectives of a quality conference, your honest response to the following questions will be a valuable contribution. Thank you for your time.

Name (optional): _____

Please indicate your response to the following statements by circling the number that best describes your position.

1. The conference met my expectations.

AGREE DISAGREE
1 2 3 4 5 6 7

Additional comments: _____

2. The conference facilities were adequate.

AGREE DISAGREE
1 2 3 4 5 6 7

Additional comments: _____

3. The presentations of material were clear and well organized.

AGREE DISAGREE
1 2 3 4 5 6 7

Additional comments: _____

4. The length of the conference was appropriate to the amount of material provided.

AGREE DISAGREE
1 2 3 4 5 6 7

Additional comments: _____

