# Audience Feedback Form

Please leave this form in the basket provided.

**Speaker**

**Session**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| Knowledge on the subject  
*(during both presentation and question period)* |           |           |      |      |      |          |
| Description of theory, experimental procedure, and instrumentation  
*(amount of detail and relevance)* |           |           |      |      |      |          |
| Conclusions (or personal opinion)  
*(appropriate and independent)* |           |           |      |      |      |          |
| **Presentation Format** |           |           |      |      |      |          |
| Clarity |           |           |      |      |      |          |
| Delivery  
*(tone of voice, body language, nervousness, proper English)* |           |           |      |      |      |          |

This form will be returned to the speaker.