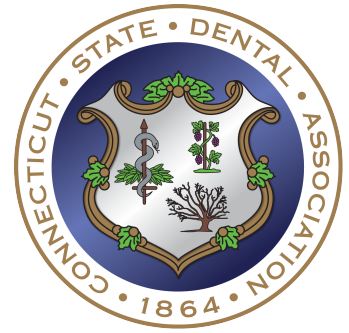


# Scout Form



Speaker Name: \_\_\_\_\_

Date of Lecture: \_\_\_\_\_

Title: \_\_\_\_\_

Subject: \_\_\_\_\_

Length of Presentation: \_\_\_\_\_

Ticket Price: \_\_\_\_\_

Estimated Audience Total: \_\_\_\_\_

Room Capacity: \_\_\_\_\_

Would You Recommend This Course? \_\_\_\_\_

	Poor	Average	Good	Excellent
Delivery				
Quality of PowerPoint/AV				
Adhered to Subject				
Information Current/Useful				
Did the Speaker Start on Time				
Overall Program Quality				

Lecture Directed to:	Dentist	Assistant	Hygienist	Office Staff
Type of Presentation:	Workshop	Lecture	Hands-on	Lecture/ Hands-on

Scout Name: \_\_\_\_\_

Comments: