

Program Title: _____

Program Instructor: _____

Date: _____

Participant: _____

We would appreciate your feedback about our Group Internet Based CPE session. Please complete the survey below and return to shayneg@flighttaxsystems.com

Agree Disagree Don't Know

Stated learning objectives were met?

Stated prerequisite requirements were appropriate and sufficient (if applicable)?

Program materials were relevant and accurate, and contributed to the achievement of the learning objectives?

Time allotted to the learning activity was appropriate?

Was the instructor(s) effective?

Thank you!