

## Presentations & Workshops Evaluation

Please take the time to complete this evaluation form, this is your chance to influence the organisation of future conferences. Have your say now....



Please tick each day you attended conference:  Thursday  Friday  Saturday

Which presentation/workshop was ...

Please give your reasons why:

...most *enjoyable*? .....

...most *useful*? .....

...least *enjoyable*? .....

...least *useful*? .....

Please give your comments (approvals, criticisms and suggestions) on the following topics:

Social programme .....

Conference location/access .....

Hotel facilities .....

Finally, give us your great idea for next years conference...

*Feel free to elaborate on any answers you have given by using the reverse side of this sheet.*

**Thank you for giving us your feedback. This will be of great assistance to the organisers of future IMI Conferences.**

**You may leave this form anonymous or complete your details below if you wouldn't mind being contacted about your great idea!**

**Name** ..... **Tel** .....

**Email address** .....

*Please send your form to Carolyn Bray,  
Medical Photography, University Hospital of North Durham, North Rd, Durham, DH1 5TW*