

SECD International Meeting Participant Feedback Form

Role: Speaker Non-US Attendee US Attendee

Name & Title (optional): _____

Organization (optional): _____

1. What is your assessment of the meeting design and conduct?

Please rate, on a scale of 1 to 5, your overall assessment of the meeting relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

	Rating of Satisfaction with Meeting				
	Strongly Disagree				Strongly Agree
a. The meeting was well structured and organized.	1	2	3	4	5
b. The printed program was a useful tool.	1	2	3	4	5
c. The meeting website was a useful tool.	1	2	3	4	5
d. The presentations were appropriate for someone in my position.	1	2	3	4	5
e. The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5
f. The meeting allowed me to improve my understanding of the global situation and risks of SECD.	1	2	3	4	5
g. The meeting allowed me to improve my understanding of risk factors, pathways, and prevention of SECD.	1	2	3	4	5
h. After the meeting, my organization is better prepared to deal successfully with SECDs.	1	2	3	4	5
i. The translation provided was sufficient and conducive to presentations and discussion.	1	2	3	4	5
j. The meeting rooms were comfortable and conducive to presentations and discussion.	1	2	3	4	5
k. The meals were appetizing and nutritious.	1	2	3	4	5

2. What are your Top 3 issues/areas of concern regarding SECD?

3. What changes would you have made to improve the meeting?

4. Please provide your comments/feedback on the General Session.

5. Please provide your comments/feedback on the Breakout Sessions.

6. Do you have any recommendations for future meetings of this type?

If you were unable to complete a hardcopy form at the meeting and would like to complete a form now, please send to Randall Levings at Randall.L.Levings@aphis.usda.gov