



Morgan Success Group, Inc.

Name _____ Dept. _____ Date: _____

| Seminar Content | Needs Work | | | | Good | | | | Excellent | |
|--|------------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| Usefulness of ideas, techniques and skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Newness of the information | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Organization of material | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Effectiveness of visual aids | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Usefulness of the workbook | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Group activities and exercises | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Overall Content Rating | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| Seminar Speaker Rating | Needs Work | | | | Good | | | | Excellent | |
|--|------------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| Ability to engage your interest | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Use of relevant examples and illustrations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Use of supporting statistics, quotes and facts | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Use of humor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Encouraged group participation and input | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Overall Speaker Rating | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| Seminar Logistics Rating | Poor | | | | Good | | | | Excellent | |
|---------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| Seating comfort | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Room lighting | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Room temperature | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Sound quality | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Overall Logistics Rating | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Continued on back.....

The most valuable idea I gained from the program was _____

I would liked to have had more _____

I'd like to tell the Speaker that: _____

May we use your comments for promotional purposes in the future? Yes No

Would you like additional training! Yes No If **Yes**, please check appropriate topics you'd like covered.

- Customer Service
- Communication Skills
- Interoffice Communication Skills
- Change
- Advanced Sales Skills
- Leadership/Management Skills
- Presentation Skills
- Presentation Equipment
- Outrageous Creative Marketing
- Telephone Skills
- Other _____

I would like to learn more about: (check all that apply).

- Presenting another training program for our company.
- Ordering books, tapes, training materials and newsletters.
- Arranging a Keynote or training program at a sales meeting, conference or convention.
- Arranging a Keynote or training program for my association.

Name: _____ Title: _____

Phone: (_____) _____ - _____ Email _____

Who else do you know who would benefit from Morgan Success Group, Inc. programs?

Name: _____ Job Title: _____

Company: _____ Phone _____ Ext _____

Address: _____

City: _____ State _____ Zip _____