



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 _____