

Fax Back to (416) 583-1299 ATTN: Leda Grovestine

**Bill 36: Local Health System Integration Act Web Conference
Friday January 13, 2006
9:00 AM – 12:00 PM**

FEEDBACK FORM

****We are very interested in getting feedback. Please ensure that all participants, in your group, receive this feedback form.****

This feedback form is being distributed to staff, volunteers and members of the three partner organizations regarding the Bill 36: Local Health System Integration Act Web Conference. Please complete this feedback form to let us know what you found to be effective with the web conference so that we can benefit from your feedback for future web conferences. When completed, email the form to leda_grovestine@camh.net or fax it to (416) 583-1299.

1. Did you get the information that you wanted from this session? (1=not at all, 5=very satisfied)

1 2 3 4 5

2. Did the presentations answer your questions and concerns? (1=not at all, 5=very satisfied)

1 2 3 4 5

3. What did you find most effective/least effective about this conference technology-style?

Most: _____

Least: _____

4. Would you like to participate in future web conferences? Yes / No

5. Other Comments?

Thank you for your feedback.

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