

We kindly ask you to provide your feedback by filling in this questionnaire for collection at the end of the meeting.

Title of Practical Course: _____

1. Is this your first EMBO Practical Course? yes <input type="checkbox"/> no <input type="checkbox"/>	2. Were you a speaker or a participant? sp <input type="checkbox"/> p <input type="checkbox"/>
3. Please tick the box which most accurately describes your position: Senior Academic <input type="checkbox"/> Postdoctoral Fellow <input type="checkbox"/> PhD student <input type="checkbox"/> Industry <input type="checkbox"/> Other <input type="checkbox"/> Specify _____	
4. How did you learn about the practical course? Poster <input type="checkbox"/> EMBO website <input type="checkbox"/> Ad in Nature <input type="checkbox"/> From a colleague <input type="checkbox"/> Ad in <i>EMBO reports / EMBO Journal</i> <input type="checkbox"/> Other <input type="checkbox"/> _____	
5. Did the course live up to your expectations? yes <input type="checkbox"/> no <input type="checkbox"/>	6. Was the size and length of the course appropriate? Size yes <input type="checkbox"/> no <input type="checkbox"/> Length yes <input type="checkbox"/> no <input type="checkbox"/>
7. Was there sufficient time for discussion and to meet other participants, including speakers? yes <input type="checkbox"/> no <input type="checkbox"/>	
8. Was the subject adequately covered? yes <input type="checkbox"/> no <input type="checkbox"/> Comment: _____	
9. Were you invited to bring your own samples? yes <input type="checkbox"/> no <input type="checkbox"/> (If no, would you have valued such an opportunity?) yes <input type="checkbox"/> no <input type="checkbox"/> Comment: _____	
10. Was there a poster session? yes <input type="checkbox"/> no <input type="checkbox"/> Comment: _____	
11. Were the following satisfactory? Location yes <input type="checkbox"/> no <input type="checkbox"/> Accommodation yes <input type="checkbox"/> no <input type="checkbox"/> Comments: _____	
12. Have you attended other similar courses? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, how did this meeting compare? _____	
13. Please give your evaluation of:	The quality of the scientific talks at the course: Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
	The organizational aspects of the course Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
	The course programme Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
	Overall evaluation: Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
	14. We would appreciate any additional comments or suggestions for future events: _____

Thank you for your cooperation