



## EMBO World Practical Course Questionnaire

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? <b>Size</b> yes <input type="checkbox"/> no <input type="checkbox"/>   <b>Length</b> 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"/> <i>Comment:</i>			
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"/> <i>Comment:</i>			
10. Was there a poster session?    yes <input type="checkbox"/> no <input type="checkbox"/> <i>Comment:</i>			
11. Were the following satisfactory? <b>Location</b> yes <input type="checkbox"/> no <input type="checkbox"/> <b>Accommodation</b> yes <input type="checkbox"/> no <input type="checkbox"/> <i>Comments:</i>			
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:  <div style="text-align: center;"> <b>The quality of the scientific talks at the course:</b>            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"/> </div> <div style="text-align: center;"> <b>The organizational aspects of the course</b>            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"/> </div> <div style="text-align: center;"> <b>The course programme</b>            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"/> </div> <div style="text-align: center;"> <b>Overall evaluation:</b>            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"/> </div>			
14. We would appreciate any additional comments or suggestions for future events:			

Thank you for your cooperation