



THE DENTIST'S ROLE IN SNORING & SLEEP APNEA

Your feedback is very important to us. Please take a moment to fill out this brief survey.

Please fax to Rondeau Seminars at 519-455-1589.

Optional:

Your Name: _____ Phone Number: _____

Your job title: Dentist Hygienist Dental Assistant Other: _____

1) How did you hear about this course? (Please check all that apply)

Mail Fax Email Internet Friend / Colleague

Journal Ad - please specify: _____

Lab - please specify: _____

Other - please specify: _____

2) What were the best features of the course? _____

3) Which subjects did you enjoy? _____

4) Was there anything you would have liked to see covered in more detail? _____

5) Was there anything that could have been left out and not discussed? _____

6) Were there any areas that could be improved? _____

9) Were your expectations fulfilled for this course? Yes Somewhat No

Please explain: _____

10) Would you recommend this course to others? Definitely Maybe No

Please explain: _____

11) Would you please provide us with a favorable quote regarding the course for use on promotional literature? _____
