

PPAI & ASI Reporting Form

Advocate Name _____

Date of presentation ____ / ____ / ____

Group/Venue _____

What industry did the group represent?

Location of presentation (City, State):

Number in attendance (approximate) _____

Length of presentation _____ Minutes/Hours (circle one)

Your evaluation of the presentation: 1= Poor, 5= Excellent

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your evaluation of the audience response/receptiveness to the presentation: 1= Poor, 5= Excellent

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments _____
