

## Helpful suggestions from the audience for Lewis Talk speakers

Speaker's name \_\_\_\_\_ Date \_\_\_\_\_

Your name (optional) \_\_\_\_\_ Your position \_\_\_\_\_

### Thank you for providing feedback on the presentation.

*Please check the appropriate boxes below:*

(1 = needs improvement)      **1   2   3   4   5**      (5 = outstanding)

Introduction     

Results     

Summary     

Slides     

Presentation style     

Overall impression     

*Please mention something you specifically liked:*

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*Suggested improvements:*

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