Spokane County Bar Association SEMINAR EVALUATION FORM

16th Annual Indian Law Conference CLE March 7, 2025

We want every program we offer to meet or exceed your expectations -- and more importantly -- to provide information useful to your practice. This form helps us measure our success in meeting those goals and enlists your input in setting future goals. Please take a few minutes and let us know how we are doing?

THANK YOU!

| 1. | Bar #: 2. Years in practice: | | | | | | |
|-----|--|--|--|--|--|--|--|
| 3. | Primary areas of practice: #1 #2 #3 | | | | | | |
| 4. | The size of your firm or department? Sole Pract 2-10 11-20 21-30 31 or more | | | | | | |
| 5. | In regards to the registration fee, do you think the price was: Expensive Fair Inexpensive | | | | | | |
| 6. | How much per credit hour do you think you should pay for CLEs?: | | | | | | |
| 7. | Please give your opinion of the course materials: Excellent Good Average Poor | | | | | | |
| 8. | If you rated "2" or less for a speaker, identify the speaker and why you gave the rating. | | | | | | |
| 9. | Any problems with the meeting location?: Noise Lighting Temperature Parking Beverage/Food Svc. Comments: | | | | | | |
| 10. | Additional comments on the usefulness of the program: | | | | | | |
| 11. | How could we improve this seminar? | | | | | | |
| 12. | Which days of the week do you prefer to attend CLE seminars? | | | | | | |
| 13. | What length seminar do you prefer? More than one day One full day 1/2 day 1-2 Hr | | | | | | |
| 14. | What topics would you like to see presented at future seminars? (Include the level of subject matter basic to advanced case and statutes, skills training courses, etc.) | | | | | | |
| 15. | Are you interested in speaking at a future seminar? | | | | | | |
| | If so, provide topic of discussion. | | | | | | |

16. Please rate the speakers/topics you heard by circling the appropriate number. (We encourage you to add written comments)

| (7-Excellent | 5-Very Good | 5-Good | 4-Average | 3-Fair | 2-Poor | 1-Very Poor) |
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| Your Name: | | | | | | · |
| Phone: | | Fax: | | | | |
| E-Mail: | | | | | | |

Please return this form to the registrar at the end of the seminar or mail to: Spokane County Bar Association, CLE Department, 1116 West Broadway Avenue, 4th Floor Annex, Spokane, Washington 99260-0030 MWardrop@SpokaneBar.org