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Video Course Evaluation Form

Attorney Name: _____ Show ID: _____ Credits: _____

Course Name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Pennsylvania ID: _____

Please Circle the Appropriate Answer

<u>Instructors:</u>	Poor	Satisfactory	Good	Excellent
<u>Materials:</u>	Poor	Satisfactory	Good	Excellent
<u>CLE Rating:</u>	Poor	Satisfactory	Good	Excellent

Required: Secret words that appeared on the screen during the seminar.

1) _____ 2) _____

3) _____ 4) _____

What did you like most about the seminar?

What criticisms, if any, do you have?

I certify that I watched, in its entirety, the above-listed CLE Course.

Signature _____ Date _____