Faculty Sponsor and Event Information

Name of Faculty Sponsor: __________________________

Title of Event: _________________________________

Date of Event: _________________________________

Place of Event: _________________________________

Please circle the statement that most closely reflects your opinion.

1.) The information provided was appropriate for the stated purpose of the event.
   - Strongly Agree  - Agree  - Neutral  - Disagree  - Strongly Disagree

2.) The level of the presentation was appropriate for the intended audience.
   - Strongly Agree  - Agree  - Neutral  - Disagree  - Strongly Disagree

3.) The presentation was unbiased and conclusions were supported by scientific evidence.
   - Strongly Agree  - Agree  - Neutral  - Disagree  - Strongly Disagree

Please answer the following questions:

1.) To your knowledge, were any of the assurances in the pre-approval application NOT met?
   If yes, please explain.           Yes         No
   ____________________________________________________________
   ____________________________________________________________

2.) To your knowledge, was there any other NONCOMPLIANCE with the SDM policy on industry interactions?
   If yes, please explain.          Yes        No
   ____________________________________________________________
   ____________________________________________________________

Please add any additional comments you would like to make.

   ____________________________________________________________
   ____________________________________________________________