



## SURVEY QUESTIONNAIRE

Today's Date: \_\_\_\_\_ Program Location: \_\_\_\_\_ Your Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Doctor  RDH  Assistant  Office Administrator  Spouse  Financial Coordinator  Appt. Coordinator

No. of Years Doctor in Practice: \_\_\_\_\_ No. of Staff: \_\_\_\_\_  Solo Practice  Group Practice

Specialty: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Office No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

What topic(s) or locations do you feel would be of interest for future lectures? \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Feel free to use my comments as testimonial. Signature: \_\_\_\_\_

How did you hear about this course? *(Please check all that apply)*

Brochure  Ads  Referral  Another Program  Other \_\_\_\_\_

- Please call me to discuss a ½ day or all day course for my dental office, professional organization, study club, or dental society.
- Please contact me regarding Banta Group Consulting, Inc.'s 12-month consulting services (in-house).
- Please contact me regarding Professional Retreats Seminars.
- Please contact me regarding Tele-consulting
- Please contact me regarding "in-office training" – for specific needs in your dental practice.

	Strongly Agree		Agree		Strongly Disagree	
Speaker addressed program objectives	5	4	3	2	1	
Speaker addressed doctor and staff concerns	5	4	3	2	1	
Material presented enthusiastically	5	4	3	2	1	
Speaker displayed comprehensive knowledge of program content	5	4	3	2	1	
Program was beneficial	5	4	3	2	1	
Program facilities met needs	5	4	3	2	1	

***Thank you for taking the time to fill out this questionnaire.***