TRANFORMATIONS 2024

Moderator’s Evaluation Form

Please leave completed form at the Welcome Table, Bowers 1st Floor

Or mail to the Dean’s Office, Old Main, Room 124

**Session Time: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Session Moderator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of people in attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments on Session:**

**Suggestions for next year’s Transformations conference?**

Thank you for your assistance. Your information and comments

will help us assess this year’s event and plan for next year.