



Alliance for Massage Therapy Education

General Evaluation Form | 2013 Annual Conference | St. Charles, MO

1) The Alliance strives for excellence in educational programming, facility selection and logistics management. Please rate the following aspects of this event:

	5 Excellent	4 Very Good	3 Good	2 Fair	1 Poor
Keynote Presentations					
Workshop and Presentation Topics					
Alliance Business Meeting					
Conference hotel and environment					
Networking opportunities					
Meet the Authors					
Being able to earn CE credits from event					
Discussion on "Core Competencies" and TESP					
Discussion on Industry Trends and concerns					
Optional ELAP Meeting					
Other topics:					
Overall Conference experience					

Alliance for Massage Therapy Education

1232 Bonefish Court Fort Pierce, FL 34949-2901

Phone (toll-free): 855-236-8331 Fax: 786-522-2440

Email: admin@afmte.org www.aftme.org



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We Value Your Comments:

2) What was your most favorite part of this conference?

3) What was your least favorite part?

4) List three workshop topics you would want to take at the next conference:

1. _____
2. _____
3. _____

5) Keynote Speakers or Presenters you would like to see next year:

6) Preferred Conference format/length:

1. _____ 2 full days
2. _____ 2 ½ days of programming over 3 days (*with half-day of free time*)
3. _____ 3 full days
4. _____ 3 ½ days of programming over 4 days (*with half-day of free time*)

7) Preferred workshop format/length:

1. _____ 2 hours
2. _____ 2.5 hours
3. _____ 3 hours
4. _____ 4 hours
5. _____ More than 4 hours

8) Preferred time of year for Conference – list your top three preferences by month:

1. _____
2. _____
3. _____

9) How likely are you to recommend this conference to a colleague?

(1-5 scale, with 5 the highest) _____

Thank you for your participation please after completing this form and return to AFMTE Table at the back of the room. Or email to: admin@afmte.org

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