



**WORLD FEDERATION OF NEUROLOGY  
CME PROGRAMME  
PARTICIPANT EVALUATION FORM**

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**Participant Details (BLOCK CAPITALS PLEASE)**

Title: ..... First Name: ..... Last Name: .....

Department: .....

Institution: .....

Address: .....

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Tel: ..... Fax: ..... Email: .....

Continuum Course Title: .....

Date meeting held: .....

**COMMENTS: (complete in English please), for example:**

How relevant was the content for your practice? Were the discussion groups useful? If so, in what way were they useful? Suggestions for improvement?

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**THANK YOU FOR COMPLETING THIS FORM.**

Please give it to your Discussion Group Leader or CME Coordinator for return to:  
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