## [Your Firm Name] [Programme Topic and Date]

Association of Corporate Counsel Europe / Lex Mundi Global Membership Drive

## **Event Evaluation Form**

Thank you for attending this programme. Please take a few moments to answer the questions below concerning this individual session. Please return your completed evaluation form to the ACC Europe Representative, or fax it to Mai Khuu (713.626.9933) or email <a href="mailto:mkhuu@lexmundi.com">mkhuu@lexmundi.com</a>) and Catherine Carton (+32 2 633 60 33) or email acceurope@acca.com.

acceurope@acca.com.					
1. On a scale of 1 to 5, please assess the following Please rate the influence in your decision to attend this program with 1 being very important:			_	•	
Program Content	1	2	3	4	5
Faculty Knowledge of Topic	1	2	3	4	5
Written Materials	1	2	3	4	5
Audience Interaction	1	2	3	4	5
Length of Program Session	1	2	3	4	5
Relevance to my in-house practice	1	2	3	4	5
Venue/Facilities	1	2	3	4	5
<ul> <li>2. What additional course materials would have been useful in this</li> <li>Articles O Checklists O PowerPoint Presentation O Ca</li> <li>O Sample policies, procedures, forms O None, I was satisfied was a satisfie</li></ul>	ise i	Lav	V		rials.
3. Please indicate the most valuable element(s) you will take home session?	e an	ıd u	se :	froi	n this
O Benchmarking information O Practical information O An in O Programme materials O New ideas	npr	ove	ed p	eei	network
4. What topics would you like to see covered in the future?					
5. Would you like to attend future events organized by the firm?	Y	es	N	No	
6. Was this the first time you attended a meeting organized by the firm?	Y	es	N	No	

## Please answer these questions about you:

(a) in-house lawyer			
()	Yes	No	
(b) lawyer in private practice	Yes	No	
(c) other (explain)			
O Has your company or law firm worked with			
8. Has your company or law firm worked with the firm before?	Yes	No	Undecided
9. Are you a current member of the Association of of Corporate Counsel Europe (ACC Europe)?	Yes	No	
If no, please state how you learned of this event			
10. If you are not an ACC Europe member, based on the in you decide to join?	format Yes	ion you No	received, will Undecided
11. Would you like to receive additional information abou Association of Corporate Counsel Europe? If so, please pr contact details below. If not, please leave blank.  Name:	ovide ı	is with	your name, and
Company:			
Title:email			
Address			
City:Country	Po	stal Co	de
Practice Areas			
Tractice Areas			
Tactice Areas			
12. Please use this space to provide any additional commer	nts abou	ut this e	event.
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	nts abou	ut this e	event.
Practice Areas			