



Garden State CLE
 2000 Hamilton Avenue
 Hamilton, New Jersey 08619
 (609) 584-1924 – Phone
 (609) 584-1920 - Fax

Video Course Evaluation Form

Name: _____ Show #: _____ Credits: _____

Course Name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ PA ID: _____

Please Circle the Appropriate Answer

Instructors: Poor Satisfactory Good Excellent

Materials: Poor Satisfactory Good Excellent

CLE Rating: Poor Satisfactory Good Excellent

Required: Secret words that appeared on the screen during the seminar.

1) _____ 2) _____

3) _____ 4) _____

What did you like most about the seminar?

What criticisms, if any, do you have?

I certify that I watched, in its entirety, the above-listed CLE Course.

Signature _____ Date _____

In order to receive your CLE credits, please send our payment and this completed form to Garden State CLE, 2000 Hamilton Avenue, Hamilton, New Jersey, 08619.