

ADDITIONAL FEEDBACK

Are you planning to attend the 83rd Annual Meeting of the ATA taking place October 16-20, 2013 at the Sheraton Puerto Rico Convention Center Hotel, San Juan, PR)? Yes No

If no, why not? (Please explain.) _____

Please let us know where you heard about our program. Check all that apply.

- Save the Date Postcard ATA Website ATA E-mail
 ATA Publication ATA Past Meeting Referral (Colleague)
 ATA Mailing Sister Assn. Website (AACE, ENDO, AAES, etc.). List: _____
 Other (specify): _____

Please suggest on any programs /topics you would like to have presented by the ATA in the future:

In what locations (cities, states) within the United States would you like to see a future ATA meeting?

FACILITIES	1-5 RATING					COMMENTS:
	1= POOR				5= EXCELLENT	
Meeting Space	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
Food and Beverage	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
Sleeping Rooms	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
Westin City Center Hotel Staff	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
Location – Washington, DC	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
Travel (flight/train availability, convenience to meeting location)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	



Your feedback is important. Thank you very much!
 Please return this form to the ATA Registration Desk or to the address below.

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ATA Spring Symposium and Research Summit – Treatment of Hypothyroidism: Exploring the Possibilities

Washington, DC

April 25 – April 26, 2013

Presented by: American Thyroid Association

Sponsored by: University of Colorado School of Medicine, OCME

Conference Evaluation Form

1. What is your Degree? MD DO PhD PharmD PA RPh NP Other

2. On a scale of 1 - 5 with 1 = poor and 5= excellent, how would you rate this educational activity? 1 2 3 4 5

Comments _____

3. Did you feel that any speakers were biased in their presentation? Yes No

If you marked "yes", please check all of the categories you believe apply:

- Commercial Bias Institutional Bias Academic Bias
 Procedural Bias Discipline Bias Other Bias

Explain: _____

4. As a result of this educational activity, I will change the way I practice with my patients. Yes No

If yes, please cite 1 or more examples: _____

5. Do you feel that the information presented was based on the best scientific & rigorous evidence available? Yes No

If no, explain: _____

6. Which of the following competency areas do you feel have been improved as a result of this activity? (Check all that apply)

- Patient Care Professionalism Practice Based Learning
 Medical Knowledge System Base Practice Communication Skills

7. Do you feel each of the following learning objectives was met?

I am now better able to:

	<u>Yes</u>	<u>Partially</u>	<u>No</u>	<u>N/A</u>
1) Determine and translate the latest basic and clinical research in thyroid hormone metabolism, transport and action into management recommendations	<input type="radio"/> Y	<input type="radio"/> P	<input type="radio"/> N	<input type="radio"/> A
2) Improve expertise in management of hypothyroid patients	<input type="radio"/> Y	<input type="radio"/> P	<input type="radio"/> N	<input type="radio"/> A
3) Review the development of alternatives to the use of levothyroxine	<input type="radio"/> Y	<input type="radio"/> P	<input type="radio"/> N	<input type="radio"/> A
4) Recognize the role of traditional thyroid hormone replacement therapy	<input type="radio"/> Y	<input type="radio"/> P	<input type="radio"/> N	<input type="radio"/> A

8. Which of the following most impacts your decision to attend this meeting (check all that applies)?

- Program Content Speakers Meeting Dates CME Credits
 Registration Rates Hotel Costs Meeting Location Networking Opportunities

9. Please suggest any programs/topics you would like to have presented in the future:

10. Any specific comments about a speaker? Please give us their name and comment:

