

**Spokane County Bar Association**  
**SEMINAR EVALUATION FORM**  
**OCTOBER POTPOURRI CLE**  
**October 2, 2025**

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We want every program we offer to meet or exceed your expectations -- and more importantly -- to provide information useful to your practice. This form helps us measure our success in meeting those goals and enlists your input in setting future goals. Please take a few minutes and let us know how we are doing?

THANK YOU!

1. Bar #: \_\_\_\_\_ 2. Years in practice: \_\_\_\_\_
3. Primary areas of practice: #1. \_\_\_\_\_ #2. \_\_\_\_\_ #3. \_\_\_\_\_
4. The size of your firm or department?  Sole Pract.  2-10  11-20  21-30  31 or more
5. In regards to the registration fee, do you think the price was:  Expensive  Fair  Inexpensive
6. How much per credit hour do you think you should pay for CLEs?: \_\_\_\_\_
7. Please give your opinion of the course materials:  Excellent  Good  Average  Poor
8. If you rated "2" or less for a speaker, identify the speaker and why you gave the rating. . . .  
\_\_\_\_\_  
\_\_\_\_\_
9. Any problems with the meeting location?:  Noise  Lighting  Temperature  Parking  Beverage/Food Svc.  
Comments: \_\_\_\_\_
10. Additional comments on the usefulness of the program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. How could we improve this seminar? \_\_\_\_\_  
\_\_\_\_\_
12. Which days of the week do you prefer to attend CLE seminars? \_\_\_\_\_
13. What length seminar do you prefer? More than one day  One full day  1/2 day  1-2 Hr.
14. What topics would you like to see presented at future seminars? (Include the level of subject matter -- basic to advanced, case and statutes, skills training courses, etc.) \_\_\_\_\_  
\_\_\_\_\_
15. Are you interested in speaking at a future seminar? \_\_\_\_\_  
If so, provide topic of discussion. \_\_\_\_\_

***Continued on backside***

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**Seminar Evaluation Form Continued**

16. Please rate the speakers/topics you heard by circling the appropriate number. *(We encourage you to add written comments)*

(7-Excellent 6-Very Good 5-Good 4-Average 3-Fair 2-Poor 1-Very Poor)			
	Content	Organization	Delivery
<b>WENDY S. MEADOWS</b>	7 6 5 4 3 2 1	7 6 5 4 3 2 1	7 6 5 4 3 2 1
Comments: _____ _____			
<b>ROBERT PALMER</b>	7 6 5 4 3 2 1	7 6 5 4 3 2 1	7 6 5 4 3 2 1
Comments: _____ _____			
<b>TIMOTHY J. NAULT</b>	7 6 5 4 3 2 1	7 6 5 4 3 2 1	7 6 5 4 3 2 1
Comments: _____ _____			
<b>JOE SHOGAN</b>	7 6 5 4 3 2 1	7 6 5 4 3 2 1	7 6 5 4 3 2 1
Comments: _____ _____			

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**NOTE:** To receive proper credit for seminar attendance, the registration fee must be paid in advance or at the door. **You will not receive accreditation until the registration fee has been paid.** Please return this form to the registrar at the end of the seminar or mail to:

Spokane County Bar Association, CLE Department  
 1116 West Broadway Avenue, 4th Floor Annex  
 Spokane, Washington 99260-0030  
[MWardrop@SpokaneBar.org](mailto:MWardrop@SpokaneBar.org)