CPA CHARTERED PROFESSIONAL ACCOUNTANTS CANADA

Financial Literacy
Host Organization Evaluation Form – Caribbean

Date: _____ **Name:** _____

Organization: _____

Presenter: _____

Session/Workshop: _____

Parish/Town/City: _____ **Country:** _____

My overall rating of this session is:

☐ Poor ☐ Neither ☐ Good ☐ Very Good ☐ Excellent

The presenter's knowledge of the subject was:

☐ Poor ☐ Neither ☐ Good ☐ Very Good ☐ Excellent

The presenter's presentation style was:

☐ Poor ☐ Neither ☐ Good ☐ Very Good ☐ Excellent

Relevance of the material presented was:

☐ Poor ☐ Neither ☐ Good ☐ Very Good ☐ Excellent

What improvements could be made to this session/workshop? Please be specific.

_____

_____

_____

_____

Would you book another session/workshop with CPA Canada?

☐ Yes ☐ No

Additional Comments/Suggestions

_____

_____

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We appreciate you taking time to give us feedback. For queries or to book your next session, please contact us at finlitcaribbean@cpacanada.ca.