



## American Public Health Association Session Moderator Feedback Form

Your feedback is important to future planning. After your session, please take a few moments to complete this form. This form can be emailed to APHA at the end of the meeting or when you return home. Please email forms to [presenters@apha.org](mailto:presenters@apha.org).

### Session Information

Session #: \_\_\_\_\_  
Session Date: \_\_\_\_\_ Session Time: \_\_\_\_\_  
Session Type: Roundtable: \_\_\_\_\_ Oral: \_\_\_\_\_  
Session Title: \_\_\_\_\_  
Moderator: \_\_\_\_\_  
Moderator Email: \_\_\_\_\_

**Presenters:** Please note which presenters, if any, did not make the session

**Attendance:** How many people attended the session? Your best estimate is fine.  
\_\_\_\_\_ Attendees

**Room Feedback:** Were the room and equipment in good working order? Comfortable? Please note any difficulties.

**Session Feedback:** Please comment on the strengths and limitations of the session.