

Teleseminar Evaluation Form

Title: Show, Not Tell

Instructor: Steve Appelbaum

Moderator: Patricia Iyer MSN RN LNCC

1. How would you rate the instructor? ___Excellent ___Good ___Average___ Poor
2. Please evaluate the extent to which objectives were met. After participating in the program I am prepared to:

OBJECTIVES:	Fully	Partially	Not at all
Develop a strategy to create compelling demonstrative evidence			

3. Comments about this teleseminar:

May we use your comments in our marketing? If so, please provide your name, profession (nurse, attorney) and city/state.

Name:

Profession:

City/State

4. How could this program be improved?
5. What are your suggestions for future topics?

If you do not wish to have one nursing contact hour, please return only this form by email to contactus@medleague.com or by fax to 908-806-4511 or by mail to Patricia Iyer Associates, 260 Route 202-31, Suite 200, Flemington, NJ 08822. If you wish nursing contact hours, both the evaluation form and post test are to be sent to Taylor College at the address on the next page.

Nursing Contact Hour Post Test

Title: Show, Not Tell

Circle the letter that best answers the question.

1. The most important consideration in selecting demonstrative evidence is;
 - A. What is the budget?
 - B. What do you want to communicate to the jury?
 - C. How practical is the type of presentation method?
 - D. What is the attorney's familiarity with the type of evidence?

2. The proper time to consider selection of demonstrative evidence is:
 - A. At the time the client retains the attorney
 - B. After all expert reports are in
 - C. When the case is put into suit
 - D. One month before the trial

3. True/false
 - T F Red is the best color to emphasize an important point.

Name:

Address:

Street, City, Zip

Please return the post test and evaluation form to:

Norman Heavens
Taylor College
PO Box 93666
Los Angeles, CA 90093-0666

A check for \$15.00 written to Taylor College should accompany the post test and evaluation form. You may call in a credit card number, if you prefer, to 1-800-743-4006. Please contact Norman Heavens with any questions. Do not send \$15.00 or the forms to Patricia Iyer Associates or Med League Support Services.