Scientific Session Chairperson Evaluation

Date of Session: _____ Time of Session: _____

Type of Session: Symposium _____ Platform _____
Workshop _____ Poster _____
Roundtable _____

Title of Session: _____

Chairperson's name (print): _____ Co-Chair's Name_____

Range of attendance during your session: _____

Abstract No Shows: _____

If so, were you notified? To your knowledge, were there extenuating circumstances? Explain.

Please check the box that applies	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
The guidelines sent by SOT Headquarters were helpful and self-explanatory.					
The amount of time allotted to my session was reasonable.					
My audio-visual needs were met.					
The size of the room and location of the session were suitable.					
The guides and signs were helpful in locating the scientific sessions.					

What comments and/or suggestions do you have on the format and/or schedule of the scientific sessions?

What emerging issues/research areas should be considered for future programs?

Additional comments:

Please return this form at the conclusion of your session. This form can be returned to the SOT office - Room 14A - in the San Diego Convention Center or to the registration area.
OR
By mail to: Annual Meeting Evaluations | Society of Toxicology
1821 Michael Faraday Drive, Suite 300 | Reston, VA 20190