

Community Education Service



Session Title:

Session Date:

Please complete the following:

Where did you view this session? _____

What did you like about this session?

What **other** presentations would be of interest to you?

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| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Other feedback:

THANK YOU.

Please return to host or fax to (403) 955-8184 or email ces@ahs.ca