STONY BROOK UNIVERSITY -CODE CONFERENCE SURVEY

March 19, 20, 21 - 2019

Please take a moment to complete this survey to help us improve this training program and assure that we are meeting your needs. Circle the options and write your suggestions for your valuable feedback.

| 1. | Do you prefer to have the training provided in one 24 hour package? YES / NO | | | |
|---------------------------------|--|----------------|---|--|
| 2. | Were you satisfied with the accommodations? | | | |
| | • FOOD | YES / NO | | |
| | • LODGING | YES / NO / N/A | A | |
| | TRAINING FACILITY | YES / NO | | |
| 3. | How would you rate the overall training program? | | | |
| | • POOR | | VERY GOOD | |
| | • AVERAGE | | • EXCELLENT | |
| | • GOOD | | | |
| 4.5. | Did the content meet your expectations? | | | |
| | • DID NOT MEET EXPECTA | ATIONS | EXCEEDED EXPECTATIONS | |
| | • MET EXPECTATIONS | | • EXCELLENT | |
| | | | | |
| 6. | Are there any topics or courses you would like covered in the future? | | | |
| | Optional: Send to; sbucodetrainingcommittee@stonybrook.edu or Fax to; 631-632-9683 | | | |
| | Name: | Age | gency: | |
| | | | Email: | |
| | | | | |
| | | | | |

Thank you for your support by completing this survey!