



American College of Surgeons Professional Association

Advocacy Programming Meeting Evaluation Form

Your feedback and recommendations are important to us. Please use this as an opportunity to evaluate your meeting.

Name: _____ State: _____

Representative/Senator/Staff: _____

Meeting Evaluation

A. Please provide comments about your meeting experience.

B. Did the member of Congress (or staff) agree to take action on any ACS-specific policy priorities? If yes, please specify:

C. Did the member of Congress express interest in touring your practice or facility? If yes, please specify:



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D. Please rate your overall meeting experience.

| | | | | | |
|----------------|---|---------|---|-----------|-------|
| 1 | 2 | 3 | 4 | 5 | N/A |
| Unsatisfactory | | Average | | Excellent | Other |

E. Did you find the member of Congress/staff engaged throughout the meeting?

| | | | | | |
|----------------|---|---------|---|-----------|-------|
| 1 | 2 | 3 | 4 | 5 | N/A |
| Unsatisfactory | | Average | | Excellent | Other |

F. Please rate your experience with scheduling/staff.

| | | | | | |
|----------------|---|---------|---|-----------|-------|
| 1 | 2 | 3 | 4 | 5 | N/A |
| Unsatisfactory | | Average | | Excellent | Other |

G. Please rate the office's interest in a follow-up discussion or meeting.

| | | | | | |
|----------------|---|---------|---|-----------|-------|
| 1 | 2 | 3 | 4 | 5 | N/A |
| Unsatisfactory | | Average | | Excellent | Other |

H. Were the resources provided to you by DAHP staff helpful, timely, etc.?

| | | | | | |
|----------------|---|---------|---|-----------|-------|
| 1 | 2 | 3 | 4 | 5 | N/A |
| Unsatisfactory | | Average | | Excellent | Other |

Please email your completed form and/or feedback to ahp@facs.org.

Thank you for participating in ACS advocacy efforts!