

## FEEDBACK FORM

Date \_\_\_\_\_

Location of workshop \_\_\_\_\_

Presenter \_\_\_\_\_

Do you have a better understanding of Medicare?

Are you aware that there are financial assistance programs available to help pay Medicare costs?

Do you know where to go to get answers to your Medicare questions?

Would you recommend this workshop to others?

Do you know how to get help from SHIP for your clients?

Do you have any suggestions/comments for improving the workshop?

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone/Email \_\_\_\_\_

