



TRAINING SURVEY

ViveBio, LLC
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Thank you for participating in the *ViveBio*® training session. We are interested in your experience of the training provided and ask that you please complete the following assessment form. For each statement below please indicate your level of satisfaction.

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
The objectives of the training session were clearly defined					
The schedule for the training provided sufficient time to cover all proposed activities					
There were sufficient opportunity for interactive participation					
The training experience was applicable to my implementation of the <i>ViveBio</i> product(s)					
The training collateral was comprehensive and applicable					
The instructor(s) were knowledgeable about the product(s) and applications					
The instructor(s) were well prepared					
All objectives of the training session were met					
I am satisfied with my increased understanding and knowledge of the <i>ViveBio</i> products on which I was trained					
I plan to share the information I received during the training session with other professionals in my agency and/or industry					

1. Do you feel that the *ViveBio*™ product(s) will improve your current process? If so, how?

2. What additional insight and/or training would you be interested in for future sessions?

NAME: _____

DATE: _____

FACILITY NAME: _____

PRODUCTS TRAINED ON IN THIS SESSION:

ViveST™ _____

VivePT™ _____

ViveDVK™ _____

driDOC® _____