**New York City Health Care Coalition (NYCHCC)**

**Leadership Council Meeting**  
February 18, 2016 at CUNY School of Law (Long Island City)

**Evaluation & Suggestion Sheet**

Participant Name (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We hope you will agree that our meeting today provided you with improved situational awareness of NYCHCC activities as well as an opportunity to network with your fellow Leadership Council members. Please take a moment to provide us with your feedback.

1. ***Overall, how would you rate today’s program*** (on a scale of 1 to 5, with 5 being the highest)? \_\_\_\_\_\_
2. ***What did you like most about today’s program?*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
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3. ***How would you improve today’s program?***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. ***What other topics would you like to see included in future programs?*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Use the space below for any additional comments or suggestions you may have:**

Thank you for completing this Evaluation Form. We look forward to seeing you at our May 10, 2016 Meeting!