

The Truth About Medical Marijuana

EDUCATIONAL CAMPAIGN FEEDBACK FORM

Your Information

What is your full name? _____

Email: _____ Phone: _____

Mailing address street: _____

City: _____ State: _____ ZIP: _____

Are you a member of ASA? YES NO

If not, are you interested in becoming a member of ASA? YES NO

Would you like to sign up for ASA e-mail alerts? YES NO

How did you hear about this event? _____

Are you involved in any other medical marijuana organization(s)? YES NO

If yes, please list the organization(s): _____

Have you attended an ASA event in the past? YES NO

If yes, please list the event: _____

I am a (please check all that apply):

- | | | |
|-----------------------------------------------|--------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Patient | <input type="checkbox"/> Concerned Citizen | <input type="checkbox"/> Legal Professional |
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> Veteran | <input type="checkbox"/> Policy Maker |
| <input type="checkbox"/> Provider | <input type="checkbox"/> Senior | <input type="checkbox"/> Regulator |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Student | <input type="checkbox"/> Industry Stakeholder |

Quality of Training

Rate your knowledge of medical cannabis *BEFORE* the workshop

(1 being very little, 10 being a great deal): 1 2 3 4 5 6 7 8 9 10

Rate your knowledge of medical cannabis *AFTER* the workshop

(1 being very little, 10 being a great deal): 1 2 3 4 5 6 7 8 9 10

How would you rate the quality of the video presentation? _____

Did you find the video presentation to be an effective learning tool? YES NO

Please explain: _____

What did you enjoy about the video presentation? _____

What would you change about the video presentation? _____

How would you rate the quality of the presenter/facilitator? _____

What suggestions do you have on how to improve the overall event? _____

CARERS Act

Did you have any knowledge about the CARERS Act before this event? YES NO

Did this event help increase your knowledge of the CARERS Act? YES NO

Do you support the CARERS Act? If no, please explain. YES NO

General Feedback

Will you attend future events? YES NO

If no, please explain: _____



Advancing Legal Medical Marijuana Therapeutics and Research

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