



# First American Title Insurance Company of New York

633 Third Avenue, New York, New York 10017-6706

## EVALUATION QUESTIONNAIRE

TO COMPLY WITH THE REQUIREMENTS OF NEW YORK STATE'S CONTINUING LEGAL EDUCATION BOARD IT IS REQUIRED THAT THIS FORM BE COMPLETED. PLEASE RETURN THIS FORM PROMPTLY TO ANUSKA AMPARO AT [AAMPARO@FIRSTAM.COM](mailto:AAMPARO@FIRSTAM.COM) OR 212-331-1468

YOUR NAME: \_\_\_\_\_

COMPANY/LAW FIRM: **FIRST AMERICAN TITLE INSURANCE Co. of NY**

FIRST AMERICAN PROGRAM: \_\_\_\_\_

DATE: \_\_\_\_\_

Admitted to Practice in New York: \_\_\_\_ 1-2 Years \_\_\_\_ More than 2 years

1. Quality of Seminar (i.e. organization, professionalism etc.):

Excellent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>
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2. Features of Facility:

Excellent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>
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3. Quality of Audio/Visual Technology:

Excellent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>
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4. How do you rate the following topic/speaker?

<b>Topic:</b>				
<b>Speaker:</b>				
	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Program Content</b>				
<b>Instructor Quality</b>				
<b>Written Materials</b>				
<b>Comments:</b>				

SIGN YOUR NAME: \_\_\_\_\_