Circle your response. Include any notes you think will be helpful to SEAGO or the presenter

The training met the	objectives list	ted in the Training C	Outline.	
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Contact Name and Tit	tle: Jorg	c Dalder	Tama/Main	Tenance Mgr.
Organization Name: _	Sant	a Cruz	Training P	rogram
Phone and or email: _	(520)3	13-6556		

9/8/16 SEACC

Circle your response. Include any notes you think will be helpful to SEAGO or the presenter

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	Contact Name and T	itle: Depar	rah RGA	dwn Exec	Whin Director
	Organization Name:	VICaf	0		
	Phone and or email:	Vicap	5V13@ Gr	mil com	

9/8/16 SEHEO

Circle your response. Include any notes you think will be helpful to SEAGO or the presenter The training met the objectives listed in the Training Outline. Strongly disagree Strongly agree Disagree Don't Know/No Opinion Agree This training was not for me. Someone else in my organization should have come. Disagree Agree Strongly disagree Don't Know/No Opinion Strongly agree If you agree, who should have come ___ Position or title The presentation was clear and useful. Don't Know/No Opinion Strongly agree Agree Disagree Strongly disagree The material was clear and useful. Strongly disagree Don't Know/No Opinion Strongly agree Agree Disagree Our organization has the capacity to implement strategies identified in this training. Agree Strongly disagree Don't Know/No Opinion Strongly agree Disagree Our organization will need additional technical assistance to implement strategies from this training. Don't Know/No Opinion Strongly agree Disagree Strongly disagree Agree General feedback or suggestions: Check all that apply and include contact name, title, and phone/email ☐ Our organization will be requesting further technical assistance on this topic ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training. Print clearly Contact Name and Title: Organization Name: __

9/8/16 SEA60

Phone and or email: ___

Circle your response. Include any notes you think will be helpful to SEAGO or the presenter

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918/16 SEAGO

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918/16 SEA60

Circle your response. Include any notes you think will be helpful to SEAGO or the presenter

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Circle your response. Include any notes you think will be helpful to SEAGO or the presenter

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Circle your response. Include any notes you think will be helpful to SEAGO or the presenter

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9/8/16 SEA 60

Circle your response. Include any notes you think will be helpful to SEAGO or the presenter The training met the objectives listed in the Training Outline. Agree Strongly disagree Don't Know/No Opinion Strongly agree Disagree This training was not for me. Someone else in my organization should have come. Strongly disagree Don't Know/No Opinion Disagree Strongly agree Agree If you agree, who should have come ___ Position or title The presentation was clear and useful. Don't Know/No Opinion Strongly disagree Strongly agree Agree Disagree The material was clear and useful. Strongly agree (Agree) Disagree Strongly disagree Don't Know/No Opinion Our organization has the capacity to implement strategies identified in this training. Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion Our organization will need additional technical assistance to implement strategies from this training. Strongly disagree Don't Know/No Opinion Strongly agree Disagree General feedback or suggestions: Check all that apply and include contact name, title, and phone/email Our organization will be requesting further technical assistance on this topic Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training. **Print clearly** Organization Name: United Community Health Conter

Phone and or email: rgillespie @ Uchcaz.org

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Circle your response. Include any notes you think will be helpful to SEAGO or the presenter

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Phone and or email:	5204325301 X212	

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