

HMESG Conference Questionnaire

Please return all completed questionnaires to:

Chairperson, HME Support Group, PO Box 207, Chester le Street, DH3 9AR

If you didn't attend the most recent conference what was the main reason?

I do not like conferences

The date.

The place.

Topics covered.

Speakers

Other

Other please specify if possible: \_\_\_\_\_

If the date and place were suitable for you would you be likely to attend the next conference?

Yes

No.

Depends on topics covered.

Depends upon the actual speakers

Other- please specify. : \_\_\_\_\_

How far would you be prepared to travel to attend the next conference?

50 miles

100 miles

150 miles

What kind of speakers would you like to see included next time? Please tick all that apply.

Orthopaedic consultant.

Geneticist

Psychologist

Physiotherapist

Other- please specify. : \_\_\_\_\_

