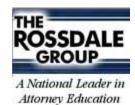
CLE/MCLE Course Evaluation Form



www.TheRossdaleGroup.com

Please complete as much of this form as you like and e-mail to <u>CLE@TheRossdaleGroup.com</u>, fax to 888-642-5291, or mail to 1172 S. Dixie Highway, Suite 225, Miami, FL 33146.

Title of Activity: Piercing the Corporate Veil & Alter Ego Liability

Date: Sept. 28, 2016

Time of Activity: 90 Minute, Telephonic Seminar Location of Seminar: Broade	cast from Mi	ami, FL
Directions: Please mark the appropriate box to indicate your evaluation of this co	ourse. Ye	es No
1. Did the program meet your educational objectives?	[] []
Comments:		
2. Did the environment have a positive influence on your learning experience	? [] []
Comments:		
3. Were you provided with substantive written materials?	[] []
Comments:		
4. Did the course update or keep you informed of your legal responsibilities?	[] []
Comments:		
5. Did the activity contain significant current professional content?	[] []
Comments:		

Please rate the faculty on a scale of 1 to 5 (1 being the lowest; 5 being the highest).

	Overall Teaching Effectiveness	Effectiveness of Teaching Methods	Significant Current Knowledge of Subject
Name: <u>Mark Cohen</u>	54321	54321	54321
Comments:			
Name: <u>Stanley Yorsz</u>	54321	54321	54321
Comments:			

Name: <u>Ken Chase</u>	54321	54321	54321
Comments:			
Name of Participant (Optional):			