Personal Data: I am a (your title):	1, LNHA						
Number of years in the profession O less than 2 O 3 – 4		O 9 – 1	2	O 13	– 16	Ø 17 or	more
Type of provider: Assisted Living Nursing Facility	☐ Home Care ☐ Supplier/Vend				□ ID/D	D Provide	er
Schedule of Events: 1. This a good month to schedu 2. The days of the week are ac 3. There are enough CE's avail 4. I like the ability to choose be	ceptable. able. tween different se	essions.		Agree O O O	Disagree O O O	Strongly Disagree O O O	No Opinion O O O
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Overall comments about the cor	nference?						
What other seminar topics shou	ld EFOHCA consi	ider offe	ering? _				

Personal Data: I am a (your title):	LHA						_	
Number of years in the professi O less than 2 O 3 – 4		O 9 –	12	13	– 16	O 17 or	more	
Type of provider: Assisted Living Nursing Facility	☐ Home Care ☐ Supplier/Vend			□ Hospice □ Other:				
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What other seminar topics shou	ld EFOHCA cons		ering?					

Personal Data: am a (your title):	dministro	tor.					
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Type of provider: Assisted Living Nursing Facility	☐ Home Care ☐ Supplier/Vendor			□ ID/D	D Provide	er	
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Type of provider: Assisted Living Nursing Facility	☐ Home Care ☐ Hospic ☐ Supplier/Vendor ☐ Other:				□ ID/D	er ———			
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Personal Data: I am a (your title):	executive	d	ire	do	V		
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Type of provider: ☐ Assisted Living ☐ Nursing Facility	☐ Home Care ☐ Supplier/Vend	or				D Provider	
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What other seminar topics should EFOHCA consider off	ering?				
The new memory care of Maybe a panel who I snowers fully + how their services.	rille hore 1 Ma	ingl rlut	unun The) Na Ited Ise	VIV

Personal Data: am a (your title):	Director						
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Personal Data: I am a (your title):	IN-PRN	, cr	AL,	COP	40HA					
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What other seminar topics show	uld EFOHCA consider	offering?								

Personal Data: I am a (your title):	isted Living	Cowd	linato	V		
Number of years in the professi O less than 2 O $3-4$		12	O 13	- 16	№ 17 or	more
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	Personal Data: I am a (your title):	Administrator	r						
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Personal Data: I am a (your title):	gional Direct	or of	· Ope	nation	8-1	NHA	
Number of years in the professi O less than 2 O 3 – 4	on: O 5 – 8	9 – 12	O 13	. — 16	O 17 or	more	
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Personal Data: I am a (your title):	trator				
Number of years in the profession: O less than 2 O 3 – 4 O 5 – 8	O 9 – 12	O 13	3 – 16	Q 17 or	more
Type of provider: ☐ Assisted Living ☐ Nursing Facility ☐ Supplier/Ver		ospice her:	□ ID/D	D Provide	r
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Personal Data: I am a (your title):	University	Healt	hear	e Ac	nin	Profe	70323	
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Type of provider: Assisted Living Nursing Facility	□ Home Care □ Supplier/Ve	ndor	□ Hos	pice er:	□ ID/D	D Provide	er ————————————————————————————————————	
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Personal Data: I am a (your title):	man	naez	per			
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Type of provider: ☐ Assisted Living ☐ Nursing Facility ☐ Supplier/Vendor	□ Hosp □ Othe		□ ID/D	D Provide	er -	
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Personal Data: I am a (your title):	egional	D:12	to (-			
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Personal Data: I am a (your title): Administration	for				
Number of years in the profession: O less than 2 O 3 – 4 O 5 – 8 O 9	- 12	O 13	– 16	2 17 or	more
Type of provider: Assisted Living		spice er:		D Provide	er
Schedule of Events: 1. This a good month to schedule the conference. 2. The days of the week are acceptable. 3. There are enough CE's available. 4. I like the ability to choose between different session	Strongl Agree O O O ons. O	Agree	Disagree O O O	Strongly Disagree O O O	No Opinion O O
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Overall comments about the conference? What other seminar topics should EFOHCA consider	O ye	lee)	no Why?	1	ve in

Personal Data: I am a (your title):
Number of years in the profession: O less than 2 O $3-4$ O $5-8$ O $9-12$ O $13-16$ 17 or more
Type of provider: Assisted Living Home Care Hospice Nursing Facility Supplier/Vendor Other:
Schedule of Events: Strongly Agree Agree Disagree Opinion
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Would you like to attend this conference next year?
Meeting Facility: Excellent Good Fair Poor No Opinion
 The location (city) was convenient. The meeting room was conducive to learning. The meals were well prepared and appetizing. The parking was convenient. The hotel staff was pleasant and accommodating.
Did you stay all night at this hotel? Did you share a room? Did you stay all night at a different hotel in the area? O no Why?
Overall comments about the conference? Lights were too bright too much light — dim lights open blights. Otherwise good into good presentations.
What other seminar topics should EFOHCA consider offering?

Personal Data: I am a (your title):	rector of	Open	rati	ons		
Number of years in the professi O less than 2 O 3 – 4		- 12	0 13	- 16	O 17 or	more
Type of provider: ☐ Assisted Living M Nursing Facility	☐ Home Care ☐ Supplier/Vendor	□ Hos ¼ Oth		A	D Provide	Annual Control of the
Schedule of Events: 1. This a good month to sched: 2. The days of the week are ac. 3. There are enough CE's avai. 4. I like the ability to choose be	ceptable. lable. tween different sessio		Agree ③ ③ O	Disagree O O O	Strongly Disagree O O O	No Opinion O O O
Would you like to attend this co		ye		no		
Meeting Facility: 1. The location (city) was convoluted: 2. The meeting room was convoluted: 3. The meals were well prepared. 4. The parking was convenient. 5. The hotel staff was pleasant. Did you stay all night at this hot Did you stay all night at a different.	enient. lucive to learning. ed and appetizing and accommodating. el?	Excellent O O O O S ye S ye S ye S ye S ye S ye S	s O	Fair O O O O no no no Why?	Poor O O O O	No Opinion O O O O
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What other seminar topics shou	uld EFOHCA consider	offering?	f Z			

Personal Data: I am a (your title):	JAA					
Number of years in the profession of less than 2 0 3 – 4	on:) – 12	O 13	3 – 16	⊠ 17 or	more
Type of provider: Assisted Living Nursing Facility	☐ Home Care ☐ Supplier/Vendor	□ Hos	spice er:	□ ID/D	D Provide	er ———
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What other seminar topics shou	ld EFOHCA consider	offering?		onc		

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Personal Data: I am a (your title): Nursing Home Adv	ministra	itur/F	residen	tof Cen	rpany.	1
Number of years in the profession: O less than 2 O 3 – 4 O 5 – 8 O	9 – 12	O 13	3 – 16	17 or	r more	
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Meeting Facility:	Excellent	Good	Fair	Poor	No Opinion	
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Did you stay all night at this hotel? Did you share a room? Did you stay all night at a different hotel in the area?	O ye	es 🧶	no	ansthert		
Overall comments about the conference? Maybe hold it later in the Asst. Living Week -	mont	h,N	or du	meny	<u>Nei</u> tu	Mal
What other seminar topics should EFOHCA conside trends, Natronally is 1 HEO, M. Care for ppl differently in our	aybe	JOME		indu on ha		

Personal Data: I am a (your title):	0					
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8 						
What other seminar topics show		and the same of th		ite W	orksv	noρ
s 						

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Type of provider: X Assisted Living Nursing Facility	☐ Home Care ☐ Supplier/Vendor	□ Ho: □ Oth		er <u> </u>				
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Did you stay all night at this hot Did you share a room? Did you stay all night at a differe		O ye O ye	s ×	no no no Why?	not a	a hotel		
Overall comments about the conference? Found the Prep Information and Emergency Sesponse Information Viry helpful								
Enjoyed the dementia presentation								
What other seminar topics shou					7,62			
Administrative	VEVIEW Dro	0155	-to	r Ci	tati	DE		
Any Changes / Trends in RCF Surveys								

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Number of years in the professi O less than 2 O 3 – 4	on:		X 13		O 17 or			
Type of provider: ★ Assisted Living □ Nursing Facility	☐ Home Care ☐ Supplier/Vendor				D Provide			
Schedule of Events:		Strongly	Agroo	Disagree	Strongly Disagree	No Opinion		
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Overall comments about the co	nference?							
to attend, I	funct to a) <u>+</u> 1	me	ED13	4			
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What other seminar topics shou	uld EFOHCA consider o	ffering?						
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Personal Data: I am a (your title):	ocutive .	licar-	ton				
ranna (your title).	CLIENCE O	All CC				Ä	
Number of years in the profession O less than 2 O 3 – 4	on: 	O 9 – 1	2	O 13	- 16	O 17 or	· more
Type of provider: ▼ Assisted Living □ Nursing Facility	☐ Home Care ☐ Supplier/Vend	dor	□ Hos			D Provide	
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Overall comments about the constraint Connections. What other seminar topics show	Very	Deri		nx	Mac top	le gr	eat —
	Jaiver a	1	_			ider	<u>-s</u> .

Personal Data: I am a (your title):	sk Officer d	CEO				
Number of years in the profession of less than 2 O 3 – 4		9 – 12	O 13	s — 16	1 7 or	more
Type of provider: ☐ Assisted Living ☐ Nursing Facility	☐ Home Care ☐ Supplier/Vendor	□ Ho: ■ Oth		□ ID/D onsultant	D Provide	er ———
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