

**Nursing Shortage Strategies: The Foreign Nurse Option**

*David Savitsky, Marcia Faller, RN, BSN, Ed Solomon, Eliot Norman*

**Rate the following on a scale of 1 to 10, with 10 being the highest (circle response).**

**Content**

Relevance of topic	1	2	3	4	5	6	7	8	9	10	N/A
Expectations met	1	2	3	4	5	6	7	8	9	10	N/A
Handouts provided	1	2	3	4	5	6	7	8	9	10	N/A
Overall rating	1	2	3	4	5	6	7	8	9	10	N/A

**Speaker**

Knowledge of subject matter	1	2	3	4	5	6	7	8	9	10	N/A
Effectiveness of presentation style	1	2	3	4	5	6	7	8	9	10	N/A

**Did you learn something new that you can apply at your job?**  Yes  No

**Would you recommend this session to your colleagues if offered as an InterAction Webinar?**  Yes  No

**What other areas relating to this topic should be covered in future sessions?**

**What other speakers on this topic would you suggest?**

**List additional topics that you would like to see covered in future ASA educational programs.**

**Please note any additional comments or suggestions.**

**To assist us with maximizing the value of future sessions, please tell us about yourself:**

**Do you hold the CSP™ or TSC™ designation?**  Yes  No

**Is Staffing World 2005 your first ASA convention?**  Yes  No

**How many years of experience in the staffing industry do you have?**

**Which title best describes your current position?**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> President, CEO, or owner        | <input type="checkbox"/> Senior vice president           | <input type="checkbox"/> Director        | <input type="checkbox"/> Branch manager |
| <input type="checkbox"/> CFO, COO, CIO, CTO              | <input type="checkbox"/> Vice president                  | <input type="checkbox"/> General counsel | <input type="checkbox"/> Recruiter      |
| <input type="checkbox"/> Sales or account representative | <input type="checkbox"/> Customer service representative | <input type="checkbox"/> Other _____     |   |

**May we use your comments in future promotional materials?**

Yes, with my name and company  Yes, anonymously  No

**(Optional) Name** \_\_\_\_\_ **Company** \_\_\_\_\_

**Please drop completed evaluations in the boxes outside the Crystal Ballroom in the convention registration area. If you are unable to complete your evaluation at the convention, please fax it to 703-253-2053.**