



THE AMERICAN ACADEMY OF RESTORATIVE DENTISTRY

Annual Meeting Participant Survey

Four Seasons Hotel, Chicago, Illinois, February 24-25, 2018

A. PARTICIPANT INFORMATION

1. Your practice type: Solo Group Other: _____

2. Your occupation: Dentist Assistant Hygienist Technician

3. Years in practice: 0-5 6-10 11-15 16-25 >25

4. Your location: Northern United States
 Eastern United States
 Southern United States
 Western United States
 Outside of the United States

5. How did you learn about the AARD meeting?

Dental Journal Word of Mouth Other: _____

6. What influenced your decision to attend this Meeting?

	Not Important	Minimally Important	Moderately Important	Important	Exceptionally Important
Meeting Subject Matter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Format of Meeting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting Presenters:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time of Year:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining CE Credit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Have you attended an AARD Annual Meeting in the past? Yes No

13. Would you attend a future AARD Annual Meeting? Yes No

B. GENERAL MEETING EVALUATION

	Unsatisfactory	Below Average	Average	Above Average	Excellent
Overall rating of the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which your education expectations were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical application to your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiovisual quality of the presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting, seating, and general physical environment of meeting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lodging accommodations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to meet with presenters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for discussion, comments, question and answer interchange ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. SESSION AND PRESENTERER EVALUATIONS

Saturday, February 24 GREGGORY A. KINZER, DDS, MSD <i>ESSAY: Minimally Invasive Concepts and Treatment Planning</i>	Unsatisfactory	Below Average	Average	Above Average	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No
 Do you have a better understanding of this topic having experienced the presentation? Yes No

Saturday, February 24 REBECCA BOCKOW, DDS, MS <i>ESSAY: Goal Oriented Treatment Planning with Corticotomy Facilitated Orthodontics</i>	Unsatisfactory	Below Average	Average	Above Average	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No
 Do you have a better understanding of this topic having experienced the presentation? Yes No

Saturday, February 24
MICHAEL J. GUNSON, DDS, MD
ESSAY: Functional Facial Esthetics

Unsatisfactory	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No
 Do you have a better understanding of this topic having experienced the presentation? Yes No

Saturday, February 24
DANIEL EDELHOFF, CDT, DMD, PhD
ESSAY: CAD/CAM-Polymers as an Innovative Pre-treatment Option for Complex Rehabilitation

Unsatisfactory	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No
 Do you have a better understanding of this topic having experienced the presentation? Yes No

Saturday, February 24
PAMELA K. McCLAIN, DDS
ESSAY: Peri-implantitis: Understanding and Managing this Clinical Dilemma

Unsatisfactory	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No
 Do you have a better understanding of this topic having experienced the presentation? Yes No

Saturday, February 24
FRANK M. SPEAR, DDS, MSD
ESSAY: Extrude or Extract: How do you decide?

Unsatisfactory	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No
 Do you have a better understanding of this topic having experienced the presentation? Yes No

Sunday, February 25
MARIANNA EVANS, DMD
*PROJECTED CLINIC: Dentofacial and Upper Airway Deficiencies:
 Pandemic Comorbidities with Perio-Ortho*

Unsatisfactory	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No
 Do you have a better understanding of this topic having experienced the presentation? Yes No

Sunday, February 25
CLARK M. STANFORD, DDS, PhD
*PROJECTED CLINIC: Combining Orthodontics and Ceramic
 Veneers to Manage Young Patients with Malformed Teeth*

Unsatisfactory	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No
 Do you have a better understanding of this topic having experienced the presentation? Yes No

Sunday, February 25
MICHAEL E. CURRY, DDS
*PROJECTED CLINIC: Restorative Driven Surgically
 Facilitated Orthodontics*

Unsatisfactory	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No
 Do you have a better understanding of this topic having experienced the presentation? Yes No

Sunday, February 25
ROBERT J. RELLE, DDS
*PROJECTED CLINIC: Application of Emerging Technologies
 in Restorative-Optimized Orthognathic Surgery*

Unsatisfactory	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No
 Do you have a better understanding of this topic having experienced the presentation? Yes No

Sunday, February 25 GAETANO PAOLONE, DDS <i>PROJECTED CLINIC: Enhancing Anatomy with Direct Resin Based Composites and Innovative Techniques in Modeling</i>	Unsatisfactory	Below Average	Average	Above Average	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No

Do you have a better understanding of this topic having experienced the presentation? Yes No

Sunday, February 25 MASAO YAMAZAKI, DDS <i>PROJECTED CLINIC: Keys for Achieving Long Term Successful Restorations with Digital Dentistry</i>	Unsatisfactory	Below Average	Average	Above Average	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No

Do you have a better understanding of this topic having experienced the presentation? Yes No

Sunday, February 25 ARIAN B. DEUTSCH, CDT <i>PROJECTED CLINIC: Meeting Implant Challenges with Patient Specific Implant Solutions</i>	Unsatisfactory	Below Average	Average	Above Average	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No

Do you have a better understanding of this topic having experienced the presentation? Yes No

Sunday, February 25 FRANCESCO MINTRONE, DDS <i>PROJECTED CLINIC: New Paradigms in Digital Dentistry: Esthetic and Function</i>	Unsatisfactory	Below Average	Average	Above Average	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No

Do you have a better understanding of this topic having experienced the presentation? Yes No

Sunday, February 25
TERENCE E. DONOVAN, DDS
*THE RALPH W. PHILLIPS MEMORIAL LECTURE: The Annual
Scientific Literature Review*

Unsatisfactory	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Did the presentation meet the education objectives outlined in the program brochure? Yes No

Do you have a better understanding of this topic having experienced the presentation? Yes No

D. COMMENTS REGARDING THE SCIENTIFIC PROGRAM

What did you like most?

What did you like least? How could the program be improved?

Were conflicts of interest or industry bias apparent in any of the presentations? Yes No

Please list topics you would like to see covered in future programs that address the practice challenges you may be experiencing or have experienced in the past.

Thank you for completing the 2017 Annual Meeting Evaluation for the American Academy of Restorative Dentistry. You may save your completed form under a new document title and email it to the Office of the Secretary-Treasurer at restorativeacademy@gmail.com, return a completed hard copy of the survey via regular mail to the Academy office at AARD, P.O. Box 1764, Broken Arrow OK 74013-1764.

OPTIONAL: If you would like a response to your evaluation, please provide your name and e-mail address below.

Name: _____

E-mail Address: _____

Please feel free to forward any comments, concerns or complaints related to the annual meeting to the Office of the Secretary-Treasurer, AARD, P.O. Box 1764, Broken Arrow, OK 74013-1764 or by email to restorativeacademy@gmail.com.

The American Academy of Restorative Dentistry is an ADA CERP Recognized Provider

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