



**California MCLE Activity Evaluation Form - please return to mwoods@orrick.com**

**Course:** It's Not Just Boilerplate! - Best Practices for Drafting  
Collaboration Agreements to Protect Your IP

**Date:** 3/13/2013

**Format:** Webconference

**Time:** 8:00-9:00AM PDT

**Instructor(s):** Howard, Elizabeth A.  
Spillner, Michael C.

**Location:** Silicon Valley (Menlo Park, CA)

**CA CLE Credits:** 1 General

**NY CLE Credits:** 1 PP - Non-Transitional

**1. Did this program meet your educational objectives?\*** (Rating)

Please rate on a scale of 1 to 5 (5 being the highest, best or most; 1 being the least, lowest or worst).

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

**2. Did the environment have a positive influence on your learning experience?\*** (Rating)

Please rate on a scale of 1 to 5 (5 being the highest, best or most; 1 being the least, lowest or worst).

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

**3. Were you provided with substantive written materials?\*** (Rating)

Please rate on a scale of 1 to 5 (5 being the highest, best or most; 1 being the least, lowest or worst).

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

**4. Did the course update or keep you informed of your legal responsibilities?\*** (Rating)

Please rate on a scale of 1 to 5 (5 being the highest, best or most; 1 being the least, lowest or worst).

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

**5. Did the activity contain significant current professional content?\*** (Rating)

Please rate on a scale of 1 to 5 (5 being the highest, best or most; 1 being the least, lowest or worst).

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

**6. Please rate the faculty \*** (Rating, Instructor)

Overall teaching effectiveness

**Instructor:** Howard, Elizabeth A.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

**Instructor:** Spillner, Michael C.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1



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**7. Please rate the faculty \*** (Rating, Instructor)

Effectiveness of teaching methods

**Instructor:** Howard, Elizabeth A.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

**Instructor:** Spillner, Michael C.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

**8. Please rate the faculty \*** (Rating, Instructor)

Significant current knowledge of subject

**Instructor:** Howard, Elizabeth A.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

**Instructor:** Spillner, Michael C.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

**9. Name of Participant (optional):** (Fill in the blank)

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Additional Comments:

\* Required Question