POST SESSION CO-CHAIR REPORT for ORAL SESSIONS

Please answer the following questions concerning your session to aid the WM Program Advisory Committee in planning future WM Sessions. Please Print. Return at least one report for each Session.

1. Session Number __________

2. Identify items missing from your folder at the Presenters Breakfast: ___________________________________________

3. Were all authors present? Yes _____ No _____ Please list any presentations that were NOT presented by abstract number and/or author. These presentations will not be published on the post conference CD.
   __________________________________________

4. List any Speaker not registered or not having an appropriate WM badge: ________________________________

5. Session Start Time: __________ Session End Time: __________ Total Presentations: __________

6. List any Presenter that exceeds their time allotment that impacted the attendees. _______: _______: _______

7. If any presentation started earlier than listed, explain why. _____________________________________________

8. Average number in attendance including: All Attendees, Presenters and Session Co-Chairs. Avg: ____________
   After First Paper ____________ Halfway Through ____________ During Last Paper ____________

9. Any problems encountered during the Session? Recommended corrective action for the future?
   ____________________________________________

10. Is there enough interest to repeat the Session in future years? What year?
    ____________________________________________

11. Did you have any problems or incidents at this WM Conference?
    ____________________________________________

12. Do you have any suggestions on the planning and operation of future WM meetings or Sessions?
    ____________________________________________

Best Oral Presentation: Each Co-Chair should complete a submittal of their recommendation of the Best Oral Presentation in their session, as described below. Include the narrative explanation of the outstanding presentation for later evaluation if it’s eligible for the “Best Oral Presentation” at the conference. More than one presentation in a session may be submitted for eligibility of this award

Session Co-Chair (Printed Name)

Please turn this form into the Presenter/Co-Chair’s Check-in in Room 224B
Oral Presentation Evaluation Form for Session Co-Chairs, Organizers and/or Paper Reviewers

We prefer each Session Co-Chair evaluate each Presentation by completing this form to assist in the judging of the Best Oral/Paper Presentations.

**If you choose to complete one form jointly it must be signed by both co-chairs** Return the completed form(s) to your Student Assistant or to Co-Chairs Check-in Room 224B. Please clearly indicate any cancelled presentations since we do not want to publish their PowerPoint.

<table>
<thead>
<tr>
<th>Originating Session Co-Chair:</th>
<th>Signature _________________________________</th>
<th>Session # ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If a Joint Form Submission from Both Co-Chairs) Second Co-Chair Signature</td>
<td>_________________________________</td>
<td></td>
</tr>
</tbody>
</table>

List the Five Digit Abstract Number in the Column Matching Final Program (include cancellations)

List the Paper Order Position from the Final Program (Draw vertical column line through any cancellations)

<table>
<thead>
<tr>
<th>Presenter Start Time</th>
<th>Presenter End Time</th>
<th>Did Presenter Completed Presentation within 25 Minute Allocated Time? Check for Yes</th>
</tr>
</thead>
</table>

Please complete the numerical scoring for each presentation. Please select a number 0–2 where 2 is the highest value. Scoring will be used to determine the Superior Presentation(s) of this Session. Superior Presentations will be nominated for the Best Oral/Paper Presentation Award and will compete across all Sessions. The Best Oral/Paper Presentation Award will be selected after the conference by a PAC Committee.

1. Is the Author’s manner of presentation clear and professional? (0, 1 or 2 Points)
2. Are the visual aids clear and legible and in conformance with the WM instructions? (0, 1 or 2 Points)
3. Do the visual aids used by the Author support/augment the Presentation or do they distract? (0, 1 or 2 Points)
4. Is the Presentation well organized and logically presented? (0, 1 or 2 Points)
5. Is the Presentation new and original based on your knowledge? (0, 1 or 2 Points)
6. Has the Author explained the technical issue or problem being solved? (0, 1 or 2 Points)
7. Does the Author’s information appear to be correct and complete? (0, 1 or 2 Points)
8. Is the technical content significant and logically argued? (0, 1 or 2 Points)
9. Are the conclusions and benefits justified based on information presented? (0, 1 or 2 Points)
10. Did the Oral Presentation seem to generate strong interest from the audience? (0, 1 or 2 Points)

**Total Score (max 20):**

Please check the box the corresponds with the appropriate score

<table>
<thead>
<tr>
<th>Overall This Presentation Was:</th>
<th>Excellent/Superior</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Score was &gt; 16</td>
<td></td>
<td></td>
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<tr>
<td>Total Score was 12 - 15</td>
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<tr>
<td>Total Score was &lt; 12</td>
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PLEASE CIRCLE the one Superior presentation for a half session from the Excellent/Superior category if recommending for the Best Oral Presentation/Paper Award (or circle 2 abstracts for a full session > 4 presentations).

Comments:

____________________________________________________________________________________________________________________________
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