

FULL CONFERENCE EVALUATION

25th ANNUAL IASD CONFERENCE: MONTRÉAL, JULY 8-12, 2008

Please rate your satisfaction with this year's conference to help us plan future conferences. You can return this form to the Information Desk or any conference monitor. Or, mail it to: IASD, 1672 University Ave., Berkeley, CA 94703 USA. You can use extra paper or fill it out online at <http://asdreams.org/2008/ce>

1= Strongly Disagree 2=Disagree Somewhat 3=Neutral 4=Agree Somewhat 5=Strongly Agree

I ATTENDED THIS YEAR'S IASD CONFERENCE TO:

1) increase my knowledge and understanding of :

biological and psychological dream research: 1 2 3 4 5

social and cultural dream research: 1 2 3 4 5

studies of dreams in the arts and humanities: 1 2 3 4 5

2) increase my skills in using dreams and dreamwork in:

clinical settings (e.g., psychotherapy, counseling, medicine): 1 2 3 4 5

non-clinical settings (e.g., personal growth workshops, coaching): 1 2 3 4 5

educational settings (e.g., K-12, college, postgraduate): 1 2 3 4 5

3) explore:

creative aspects of my dreams: 1 2 3 4 5

spiritual and religious aspects of my dreams: 1 2 3 4 5

personal growth potential of my dreams: 1 2 3 4 5

4) obtain CE credits: 1 2 3 4 5

5) network with other professionals: 1 2 3 4 5

6) other reasons (please mention them below): 1 2 3 4 5

7) This conference increased my knowledge and understanding of dream studies: 1 2 3 4 5

8) This conference improved my skills in using dreamwork: 1 2 3 4 5

9) This conference helped me explore my dreams in important ways: 1 2 3 4 5

10) OVERALL, this conference met my needs, goals and aspirations: 1 2 3 4 5

11) Please list other topics you would like to see included in future conferences? *(You can also fill out the CE Needs Assessment form at the conference or online.)*

12) I was satisfied with the conference facilities and accommodations: 1 2 3 4 5

Additional comments about the site, facilities, and accommodations: (Use a separate sheet if needed)

13) Which aspects of the conference were **most valuable** to you and why? *(Use a separate sheet if needed)*

14) Which aspects of the conference were **least valuable** to you and why?

15) How can we improve the 2009 Conference?

16) **During the conference, did you observe:**

violations of the IASD Code of Ethics? (circle one) **YES NO**

insensitive or unprofessional conduct by presenters? (circle one) **YES NO**

other situations the Ethics and Program Committees should be aware of? (circle one) **YES NO**

Please describe any "yes" answers: (Use a separate sheet if needed)

17) How did you hear about this year's conference? (check all that apply)

Dream Time Magazine IASD Web Site Previous IASD Conference

IASD E-News Flyer Received in Mail Community Flyer/Poster

Other (specify: _____)

18) How many IASD regional, online and annual conferences have you attended? (circle one)

1 2 3-4 5+

19) What is the level of training you have taken on all aspects of dreams and dreamwork? (circle one)

1) None 2) Low 3) Moderate 4) High 5) Very High

20) What is your level of training and experience in professional use of dreams? (circle one)

1) None 2) Low 3) Moderate 4) High 5) Very High

21) What are your professional roles? (check **ALL** that apply)

Educator (K-12) Educator (college) Lecturer/workshop facilitator

Mental health (clinical) Mental health (counselor) Health care professional

Dream group facilitator Minister/spiritual counselor Personal growth teacher/coach

Author/Publisher Artist (fine art/performance) Researcher/Scholar

Student Other (specify: _____)

22) YOUR NAME: (Optional) _____ 23) E- mail: (Optional) _____