

Name: BRITT JUL CHRISTENSEN

Title: DIRECTOR

Company: ISN

E-mail: \_\_\_\_\_

**1. What is your overall evaluation of the seminar?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

**2. Will the techniques and methods be useful for your future presentations?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

**3. What is your evaluation of Mr. Mads Holm Iversen – i.e. his professional and personal skills (teaching, presenting, involvement etc.)**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

Do you permit that Convinced eventually use your comments for marketing purposes=  
Yes  No

Name: ANJA HEHT PETERSEN

Title: MANAGER

Company: \_\_\_\_\_

**1. What is your overall evaluation of the seminar?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

**2. Will the techniques and methods be useful for your future presentations?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

**3. What is your evaluation of Mr. Mads Holm Iversen – i.e. his professional and personal skills (teaching, presenting, involvement etc.)**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

Do you permit that Convinced eventually use your comments for marketing purposes=

Yes  No

Name: Marianne Birk Kastrup

Title: Scientist

Company: Bavarian Nordic

E-mail: \_\_\_\_\_

**1. What is your overall evaluation of the seminar?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

**2. Will the techniques and methods be useful for your future presentations?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

**3. What is your evaluation of Mr. Mads Holm Iversen – i.e. his professional and personal skills (teaching, presenting, involvement etc.)**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

Do you permit that Convinced eventually use your comments for marketing purposes=

Yes  No

Name: Ping Gong

Title: ~~Int~~ Jr. Controller

Company: Bavarian Nordic

E-mail: \_\_\_\_\_

**1. What is your overall evaluation of the seminar?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_  
\_\_\_\_\_

**2. Will the techniques and methods be useful for your future presentations?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_  
\_\_\_\_\_

**3. What is your evaluation of Mr. Mads Holm Iversen – i.e. his professional and personal skills (teaching, presenting, involvement etc.)**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_  
\_\_\_\_\_

Do you permit that Convinced eventually use your comments for marketing purposes=  
Yes  No

Name: Susanne O'Neill

Title: Legal & IP Assistant

Company: Bavarian Nordic A/S

E-mail: susanne.o'neill@bavarian-nordic.com

**1. What is your overall evaluation of the seminar?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

**2. Will the techniques and methods be useful for your future presentations?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

**3. What is your evaluation of Mr. Mads Holm Iversen – i.e. his professional and personal skills (teaching, presenting, involvement etc.)**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

Do you permit that Convinced eventually use your comments for marketing purposes=

Yes  No

Name: MORTEN MAX RASMUSSEN

Title: SVP, General Counsel, Legal & Global IP

Company: BN ALS

E-mail: \_\_\_\_\_

**1. What is your overall evaluation of the seminar?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

**2. Will the techniques and methods be useful for your future presentations?**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

**3. What is your evaluation of Mr. Mads Holm Iversen – i.e. his professional and personal skills (teaching, presenting, involvement etc.)**

1	2	3	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Min

Max

Comment: \_\_\_\_\_

Do you permit that Convinced eventually use your comments for marketing purposes=  
Yes  No