



I3M2012 Vienna, Austria

I3M Quality Form

I Attended the following Conference(s) (multiple checks are allowed):

EMSS / HMS / MAS / IMAACA / DHSS / I_WISH / SESDE/

Others _____

I Attended the following Days / Sessions (multiple checks are allowed):

Wednesday - 8:00-10:00 / 10:30-12:30 / 14:00-16:00 / 16:30-18:30 / 18:30-19:30 / _____

Thursday - 8:00-10:00 / 10:30-12:30 / 14:00-16:00 / 16:30-18:30 / 18:30-19:30 / _____

Friday - 8:00-10:00 / 10:30-12:30 / 14:00-16:00 / 16:30-18:30 / 18:30-19:30 / _____

Please provide your evaluations by grades moving from 0 (very poor) to 9 (very good)

	Conference Average Scientific Quality	Quality of Conference Attendees	Networking Opportunities	Added Value for Attending the Event	Project and Business Opportunities	Int-Journal Connection	Conference Added Value vs. Fee	Social Activities	Location	Venue	Available on Site Services	CD Proceedings	Hardcopy Proceedings	Conference Package	Web Service before Conference	Paper Review & Selection	Conference Desk	Conference Rooms	Program Chairs	Track Chairs	Session Chairs
EMSS							NA			NA	NA			NA			NA				
HMS							NA			NA	NA			NA			NA				
MAS							NA			NA	NA			NA			NA				
IMAACA							NA			NA	NA			NA			NA				
DHSS							NA			NA	NA			NA			NA				
I WISH							NA			NA	NA			NA			NA				
Special Session							NA			NA	NA			NA			NA				
Workshops							NA			NA	NA			NA			NA				
							NA			NA	NA			NA			NA				
							NA			NA	NA			NA			NA				
Overall I3M																					

Please provide a synthesis/comment on the most interesting positive aspects of I3M:

Please provide a synthesis/comment on the possible improvements for I3M and a suggestion for I3M 2013 Site:

Please let us to know if you are interested in attending next year I3M: YES NO May Be

Please let us to know if you are interested in supporting next year I3M: YES NO

In case please let us to know your availability as (multiple checks are allowed): Track Chair Session Chair / Tutorial Chair Paper Reviewer

If you like to provide us your references for being involved in Next Year I3M please fill-up the following info and sign.

Name: _____ Affiliation: _____ Email: _____

Address: _____ ZIP: _____ Town: _____ Country: _____

I hereby authorize the use of my personal details and data for Conference Organization by I3M Organizers:

Site: Vienna Date: _____

Signature: _____