

PARTICIPANT SURVEY ACROBAT CLASS – JANUARY 13, 2009

Last Name _____ First Name _____

Sch/Dept _____ Phone _____

Email _____

Do you have Acrobat installed on your computer? Yes No

If so, what version?

What is your comfort level with Acrobat?

Check the applications you use regularly.

Word

Excel

PowerPoint

Publisher

How do you plan to use Acrobat?