

TRICARE RETAIL REFUND PROGRAM

"An Overview of the TRICARE Retail Refund Program Dispute Resolution Process" Webinar Feedback Form

	Company Name:
1.	Did you attend the webinar on June 22, 2016? Yes \Box No \Box
2.	Did you find the information provided useful for administration of the TRICARE Retail Refund Program? Yes \Box No \Box
3.	Were there any procedures that you now have a better understanding since attending this webinar?
4.	Were there any procedures discussed in this webinar that require more explanation?
	explanation:
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5.	Do you have any questions or need more information regarding other procedures related to the TRICARE Retail Refund Program that were not discussed in this webinar?
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