

Event Feedback Form

Basic Information

Event Name:

Date of Event:

Event Location:

Overall Experience

How satisfied were you with the event overall?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you enjoy most about the event?

What could be improved for future events?

Event Components

Please rate the following aspects of the event. You may customize them according to your event’s specific elements.

(Rating Scale: 1 = Poor, 5 = Excellent)

Component	1	2	3	4	5
Registration Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue/Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers/Presenters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities/Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food & Beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Engagement & Value

Did the event meet your expectations?	Yes - Exceeded		Yes - Met		No - Fell Short
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
How likely are you to attend a future event by us?	Very Likely	Likely	Not Sure	Unlikely	Very Unlikely
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Feedback

Any additional feedback or suggestions?