

Corporate Event Feedback Form

Event Name: _____

Date: _____

Company Represented: _____

1. Relevance to Your Business

- How relevant was the event to your company's interests?
- Very Relevant Relevant Not Relevant

2. Networking Opportunities

- Did you find value in networking opportunities?
- Excellent Good Average Poor

3. Overall Organization

- Rate the event organization:
- Excellent Good Average Poor

4. Quality of Exhibits/Booths

- How would you rate the quality of exhibits?
- Excellent Good Average Poor

Comments and Suggestions:

Rate the Following

Criteria	Excellent	Good	Average	Poor
Event Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue Amenities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speaker Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule Adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>