**Event Feedback Form Template**

**Event Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Organizer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Purpose of Attending**
   * **What was your primary reason for attending?**
   * **Networking ☐ Learning ☐ Entertainment ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Event Registration**
   * **How was the registration process?**
   * **Smooth ☐ Moderate ☐ Difficult ☐**
3. **Content Relevance**
   * **How relevant was the content to your interests?**
   * **Highly Relevant ☐ Somewhat Relevant ☐ Not Relevant ☐**
4. **Feedback on Speakers**
   * **Rate the overall performance of speakers:**
   * **Excellent ☐ Good ☐ Average ☐ Poor ☐**

**Suggestions:**

**Rate the Following**

| **Category** | **1 (Poor)** | **2** | **3** | **4** | **5 (Excellent)** |
| --- | --- | --- | --- | --- | --- |
| **Content Quality** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Venue Setup** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Accessibility** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Audio/Visual** | **☐** | **☐** | **☐** | **☐** | **☐** |