

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue Setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio/Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>