Post Event Feedback Form

Event Name: _____

Date of Event: _____

Location: _____

Organizer's Name: _____

1. **Overall Satisfaction**
   - **How satisfied were you with the event?**
   - **Very Satisfied ☐ Satisfied ☐ Neutral ☐ Unsatisfied ☐ Very Unsatisfied ☐**

2. **Event Organization**
   - **How would you rate the organization of the event?**
   - **Excellent ☐ Good ☐ Average ☐ Poor ☐ Very Poor ☐**

3. **Speaker/Presenter Quality**
   - **How effective were the speakers?**
   - **Excellent ☐ Good ☐ Average ☐ Poor ☐ Very Poor ☐**

4. **Venue Quality**
   - **How would you rate the event venue?**
   - **Excellent ☐ Good ☐ Average ☐ Poor ☐ Very Poor ☐**

Suggestions for Improvement:

_____

_____

_____

Additional Comments:

_____

_____

_____

Aspects to Rate	Excellent	Good	Average	Needs Improvement
Content	☐	☐	☐	☐
Networking	☐	☐	☐	☐
Timing	☐	☐	☐	☐
Refreshments	☐	☐	☐	☐