**Conference Event Feedback Form**

#### **Attendee Details**

**Full Name: \_\_\_\_\_\_\_\_\_\_
Company/Organization: \_\_\_\_\_\_\_\_\_\_
Role: \_\_\_\_\_\_\_\_\_\_**

#### **Event Rating**

| **Criteria** | **Excellent** | **Good** | **Fair** | **Poor** |
| --- | --- | --- | --- | --- |
| **Registration Process** | **☐** | **☐** | **☐** | **☐** |
| **Session Relevance** | **☐** | **☐** | **☐** | **☐** |
| **Speaker Quality** | **☐** | **☐** | **☐** | **☐** |
| **Venue and Facilities** | **☐** | **☐** | **☐** | **☐** |
| **Time Management** | **☐** | **☐** | **☐** | **☐** |
| **Networking Opportunities** | **☐** | **☐** | **☐** | **☐** |
| **Overall Experience** | **☐** | **☐** | **☐** | **☐** |

#### **Additional Comments**

**Please share your thoughts on what you liked most and what needs improvement. \_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**