

# Conference Event Feedback Form

## Attendee Details

Full Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Role: \_\_\_\_\_

## Event Rating

Criteria	Excellent	Good	Fair	Poor
Registration Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session Relevance	<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"/>
Venue and Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional Comments

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_