

# Conference Feedback Form Template Word

## Participant Information

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

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

## Conference Ratings

Aspect	Excellent	Good	Fair	Poor
Content Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker Knowledge	<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"/>
Event Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Key Suggestions

- What improvements would you suggest? \_\_\_\_\_
- Would you attend this event again? ( Yes  No)

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

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