

Conference Meeting Feedback Form

Participant Information

Full Name: _____

Organization: _____

Job Title: _____

Email Address: _____

Conference Evaluation

Overall Experience: How would you rate your experience at the conference? (Excellent Good Average Poor)

Conference Objectives: Did the conference meet your expectations and objectives? (Yes No)

Content Relevance: How relevant were the topics discussed? _____

Speaker Effectiveness: How engaging and knowledgeable were the speakers?

Logistics and Organization

Venue Suitability: Was the conference venue comfortable and well-equipped? (Yes No)

Event Coordination: How would you rate the organization and flow of the conference? _____

Recommendations

Suggested Improvements: What could be improved for future conferences?

Future Attendance: Would you attend a similar conference again? (Yes No)

Participant Signature: _____

Date: _____