**Event Evaluation Form for Attendees**

**Event Information
 Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Event Date: \_\_\_\_\_\_\_\_\_\_\_\_
 Event Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Organizer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Event Experience
 Please rate the following aspects of the event on a scale of 1 (Poor) to 5 (Excellent).**

| **Category** | **1 (Poor)** | **3 (Average)** | **5 (Excellent)** |
| --- | --- | --- | --- |
| **Event Organization** | **☐** | **☐** | **☐** |
| **Speaker/Presentation Quality** | **☐** | **☐** | **☐** |
| **Venue and Facilities** | **☐** | **☐** | **☐** |
| **Accessibility and Comfort** | **☐** | **☐** | **☐** |
| **Registration Process** | **☐** | **☐** | **☐** |
| **Event Relevance** | **☐** | **☐** | **☐** |
| **Food & Refreshments** | **☐** | **☐** | **☐** |
| **Overall Experience** | **☐** | **☐** | **☐** |

**2. What did you like most about the event?**

**3. What aspects need improvement?**

**4. Would you attend another event like this?
 ☐ Yes ☐ No ☐ Maybe**

**5. Additional Comments:**