

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker/Presentation Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue and Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility and Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food & Refreshments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:
