

Event Evaluation Form

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GeneralBlue

Basic Information

Event Name:	
Date of Event:	
Event Location:	

Overall Experience

How satisfied were you with the event overall?	Very Satisfied ○	Satisfied ○	Neutral ○	Dissatisfied ○	Very Dissatisfied ○
What did you enjoy most about the event?					
What could be improved for future events?					

Event Components

Please rate the following aspects of the event. Feel free to customize them according to your event's specific elements.

(Rating Scale: 1 = Poor, 5 = Excellent)

Component	1	2	3	4	5
Registration Process	○	○	○	○	○
Event Organization	○	○	○	○	○
Venue/Location	○	○	○	○	○
Speakers/Presenters	○	○	○	○	○
Activities/Entertainment	○	○	○	○	○
Food & Beverages	○	○	○	○	○

Engagement & Value

Did the event meet your expectations?	Exceeded Expectations ○		Met Expectations ○		Fell Short of Expectations ○	
How likely are you to attend a future event by us?	Very Likely ○	Likely ○	Not Sure ○	Unlikely ○	Very Unlikely ○	

Additional Feedback

Any additional suggestions?	
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