

# Event Feedback Form

## 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. You may customize them according to your event’s specific elements.

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

Component	1	2	3	4	5
Registration Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue/Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers/Presenters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities/Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food & Beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Engagement & Value

Did the event meet your expectations?	Yes - Exceeded		Yes - Met		No - Fell Short
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
How likely are you to attend a future event by us?	Very Likely	Likely	Not Sure	Unlikely	Very Unlikely
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional Feedback

Any additional feedback or suggestions?