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
	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐
Event Organization	☐	☐	☐	☐	☐
Venue/Location	☐	☐	☐	☐	☐
Speakers/Presenters	☐	☐	☐	☐	☐
Activities/Entertainment	☐	☐	☐	☐	☐
Food & Beverages	☐	☐	☐	☐	☐

Engagement & Value

Did the event meet your expectations?	Yes - Exceeded ☐		Yes - Met ☐		No - Fell Short ☐
How likely are you to attend a future event by us?	Very Likely ☐	Likely ☐	Not Sure ☐	Unlikely ☐	Very Unlikely ☐

Additional Feedback

Any additional feedback or suggestions?	