**Event Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Event Name: |  | | Event Date: | | | [DD/MM/YYYY] | |
| Location: |  | | | | | | |
| Your Role in the Event: | Attendee | Speaker | | Volunteer | Sponsor | | Other (please specify): |

**Overall Event Experience**

Please rate the following aspects of the event on a scale of 1 to 5, with 1 being Poor and 5 being Excellent:

|  |  |  |  |
| --- | --- | --- | --- |
| **Aspect** | **Rating (1 = Poor, 5 = Excellent)** | **Aspect** | **Rating (1 = Poor, 5 = Excellent)** |
| Event Organization | 1 2 3 4 5 | Quality of Sessions/Content | 1 2 3 4 5 |
| Venue Quality | 1 2 3 4 5 | Speaker Quality | 1 2 3 4 5 |
| Registration Process | 1 2 3 4 5 | Networking Opportunities | 1 2 3 4 5 |
| Overall Event Experience | 1 2 3 4 5 |  |  |

**Session Feedback**

|  |  |  |  |
| --- | --- | --- | --- |
| Which sessions did you attend? | *(List the names of sessions or topics)* | Which session was the most valuable to you and why? |  |

**Additional Feedback**

**What did you like most about the event?** *(Please provide details)*

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| --- |
|  |
|  |

**What could be improved for future events?** *(Please provide details)*

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|  |
|  |

**Any other comments or suggestions?**

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| --- |
|  |
|  |

**Future Events**

|  |  |  |  |
| --- | --- | --- | --- |
| Would you attend a similar event in the future? | Yes | No | Maybe |
| Would you recommend this event to others? | Yes | No |  |

**Are there specific topics or speakers you’d like to see at future events?**

|  |
| --- |
|  |
|  |

**Contact Information (Optional)**

If you'd like us to follow up with you about your feedback, please provide your contact information:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Email Address: |  |

**Thank you for your feedback!**