# Event Participation Evaluation Form

## Event Organizer

[Street Address]

[City, ST ZIP Code]

p [Phone] | f [Fax] | [Website] | [Email]

We hope you enjoyed the event! To help us better serve you, please complete this survey and return it to us at your convenience. Thank you!

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Phone |  |
| Fax |  |
| Agent Name |  |

|  |  |
| --- | --- |
| Overall event satisfaction | Choose an item. |
| Information provided in this event is related to you? | Choose an item. |
| You are likely to use this information in the future? | Choose an item. |
| Resources provided in this event are related to you | Choose an item. |
| You are likely to use these resources in the future | Choose an item. |
| Presentation were interesting | Choose an item. |
| You will discuss this event with others | Choose an item. |
| There were opportunities to network with other stakeholders | Choose an item. |
| The level of difficulty of the event was | Choose an item. |
| Usefulness of helping material was | Choose an item. |
| Usefulness of event handouts | Choose an item. |
| My overall satisfaction with your service is high. I would recommend you to my friends. | Choose an item. |

### Additional comments

[Response]