

Event Evaluation Form: [Title of Event, Venue, Date, Time]

Thank you for your participation in this event.

You are kindly requested to take part in this short survey; your feedback is very valuable for our continued efforts for improved performance.

All data will be treated confidentially.

Thank you for your valuable time.

	★	★★	★★★	★★★★ ★	★★★★★
How would you rate the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the event's location/venue/platform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the speeches/presentations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What did you think of the event duration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How useful was the event to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like most about the event? *(depending on the event topics-arrangements-sections)*

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What do you think can be improved?

Which topics would you like to see covered more? *(depending on the event topics)*

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Do you have any other suggestions or feedback you would like to share?

Date:

Your name (optional):

Your company/organization (optional):

NOTE: According to the type and the subject of the event the evaluation form might be changed.