

Client Event Feedback Questionnaire

Name

Email

Event Attended

Overall Event Rating

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Event Organization

What did you like most about the event?

Suggestions for Improvement

Would you recommend this event to others?

☐ Yes ☐ No ☐ Maybe

May we contact you for more information?

☐ Yes ☐ No