

Event Attendee Feedback Survey

Full Name

Email Address

Event Attended

Date of Event

Overall Satisfaction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How would you rate the event organization?

How would you rate the quality of the event content?

How would you rate the speakers?

What was your favorite part of the event?

What could be improved in future events?

Additional Comments