

Event Evaluation Survey Form

Name

Email

Event Name

Event Date

1. Overall, how satisfied were you with the event?

☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very dissatisfied

2. How would you rate the following aspects?

Venue

Organization

Speakers/Presenters

Content

3. What did you like most about the event?

4. What could be improved for future events?

5. Additional comments or suggestions