

Event Attendee Satisfaction Evaluation Form

Thank you for attending our event. Please take a few minutes to fill out this evaluation form. Your feedback is highly valuable and helps us improve future events.

1. General Information

Attendee Name:	<input type="text"/>
Company / Organization:	<input type="text"/>
Email Address:	<input type="text"/>
Event Title:	<input type="text"/>
Date of Event:	<input type="text" value="MM/DD/YYYY"/>

2. Event Rating

Please rate the following aspects of the event by entering a score from **1 to 5** in the box (1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent).

Event Category	Score (1 - 5)
Overall satisfaction with the event	<input type="text"/>
Relevance and quality of the presentations and content	<input type="text"/>
Expertise and delivery of the speakers/presenters	<input type="text"/>
Event venue, facilities, and comfort	<input type="text"/>
Quality of food, beverages, and catering (if applicable)	<input type="text"/>
Ease of registration and pre-event communication	<input type="text"/>
Opportunities for networking and engagement	<input type="text"/>

3. Open-Ended Feedback

What did you find most valuable about this event?

What specific areas of this event could be improved?

What topics or themes would you like to see covered in future events?

How did you hear about this event? (e.g., Email, Social Media, Colleague, Website)

Would you recommend our future events to a friend or colleague? (Yes / No / Undecided)

Thank you for your time and feedback. Please return this completed paper form to the registration desk.