**Event Evaluation Form**

### Basic Information

|  |  |
| --- | --- |
| Event Name: |  |
| Date of Event: |  |
| Event Location: |  |

### Overall Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How satisfied were you with the event overall? | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
|  |[ ] [ ] [ ] [ ] [ ]
| What did you enjoy most about the event? |  |
| What could be improved for future events? |  |

### Event Components

Please rate the following aspects of the event. Feel free to customize them according to your event’s specific elements.

**(Rating Scale: 1 = Poor, 5 = Excellent)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component** | **1** | **2** | **3** | **4** | **5** |
| Registration Process |[ ] [ ] [ ] [ ] [ ]
| Event Organization |[ ] [ ] [ ] [ ] [ ]
| Venue/Location |[ ] [ ] [ ] [ ] [ ]
| Speakers/Presenters |[ ] [ ] [ ] [ ] [ ]
| Activities/Entertainment |[ ] [ ] [ ] [ ] [ ]
| Food & Beverages |[ ] [ ] [ ] [ ] [ ]

### Engagement & Value

|  |  |  |  |
| --- | --- | --- | --- |
| Did the event meet your expectations? | Exceeded Expectations | Met Expectations | Fell Short of Expectations |
|  |[ ] [ ] [ ]
| How likely are you to attend a future event by us? | Very Likely | Likely | Not Sure | Unlikely | Very Unlikely |
|  |[ ] [ ] [ ] [ ] [ ]

### Additional Feedback

|  |  |
| --- | --- |
| Any additional suggestions? |  |