

Event Feedback Survey Template

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GeneralBlue

Basic Information

Event Name:	
Date of Event:	
Event Location:	

Overall Experience

How satisfied were you with the event overall?	Very Satisfied <input type="radio"/>	Satisfied <input type="radio"/>	Neutral <input type="radio"/>	Dissatisfied <input type="radio"/>	Very Dissatisfied <input type="radio"/>
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	<input type="radio"/>				
Event Organization	<input type="radio"/>				
Venue/Location	<input type="radio"/>				
Speakers/Presenters	<input type="radio"/>				
Activities/Entertainment	<input type="radio"/>				
Food & Beverages	<input type="radio"/>				

Engagement & Value

Did the event meet your expectations?	Exceeded Expectations <input type="radio"/>	Met Expectations <input type="radio"/>	Fell Short of Expectations <input type="radio"/>		
How likely are you to attend a future event by us?	Very Likely <input type="radio"/>	Likely <input type="radio"/>	Not Sure <input type="radio"/>	Unlikely <input type="radio"/>	Very Unlikely <input type="radio"/>

Additional Feedback

Any additional suggestions?	
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