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| Post-Event Evaluation Form | | | | | |
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| Event Name: |  | | | | |
| Event Date: |  | | | | |
| Event Location: |  | | | | |
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| Rate the event on the following criteria: | | | | | |
| **Aspect/Criteria** | | **Outstanding** | **Very Good** | **Satisfactory** | **Needs Improvement** |
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| **Which session or activity did you find most beneficial or inspiring?** | | | | | |
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| **Were there any challenges or areas that didn’t meet your expectations?** | | | | | |
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| **Any additional comments or suggestions?** | | | | | |
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