Event feedback

Event: _____ Date: _____ Please tick one box per scale.

1 Overall, how would you rate the event? *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor Excellent

2 How likely are you to recommend this event to a friend or colleague? *

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Not at all likely Extremely likely

3 What was the most useful part?

4 What is one thing we should change next time?

5 Would you come to our next event?

◯ Yes ◯ Maybe ◯ No

6 How relevant was the content to you?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not relevant Very relevant

7 How would you rate the speakers?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Poor Excellent

8 How well organised was the event?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Badly organised Very well organised

9 Which best describes you?

◯ Attendee ◯ Speaker ◯ Sponsor or exhibitor ◯ Volunteer or staff

10 Email, if you are happy for us to follow up

* required