## **Sample Event Feedback Survey**

## **Name of Event**

Please help us improve by completing this feedback form		
1. O	verall, how would you rate the event?	
O	Excellent	
0	Very good	
0	Good	
О	Fair	
0	Poor	
2. What did you like about the Event?		
1	<u></u> ✓	
3. W	hat did you dislike about the Event?	
1	<b>★</b> ▼	
4. H	ow would you rate the <b>accessibility</b> of the Event?	
0	Far above average	
0	Above average	
0	Average	
0	Below average	
0	Far below average	
5 H	ow can we improve the accessibility of the event?	

I	<u>→</u>
6. F	low organized was the event?
0	Extremely organized
0	Very organized
0	Somewhat organized
0	Not so organized
0	Not at all organized
7. F	low likely is it that you would join us next year for a similar event?
Sca	le from 0 (not likely) to 10 (very likely)
8. P	Prior to the event, how much of the information that you needed did you ge
0	All of the information
0	Most of the information
0	Some of the information
0	A little of the information
0	None of the information
9. v	Vas the event length too long, too short or about right?
0	Too long
0	Too short
0	About right
	Is there anything else you'd like to share about the event?