

Post-Event Evaluation Form

Name (Optional)

Email (Optional)

Event Name

Event Date

Overall, how satisfied were you with the event?

-
- 1
-
- 2
-
- 3
-
- 4
-
- 5

How would you rate the event agenda?

How would you rate the organization of the event?

What did you find most valuable?

How could we improve future events?

Other Comments

