

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

