

# EVENT FEEDBACK FORM

Event Name: \_\_\_\_\_

Venue: \_\_\_\_\_

Your Name (Optional): \_\_\_\_\_

**Please rate the following aspects of the event:**

1. Overall satisfaction

Poor  Fair  Good  Very Good  Excellent

2. Organisation and communication

Poor  Fair  Good  Very Good  Excellent

3. Venue and facilities

Poor  Fair  Good  Very Good  Excellent

4. Content and speakers

Poor  Fair  Good  Very Good  Excellent

5. Networking opportunities

Poor  Fair  Good  Very Good  Excellent

6. Value for money

Poor  Fair  Good  Very Good  Excellent

**Additional Comments:**

**Suggestions for Improvement:**

The information provided in this form will be used solely for the purpose of improving our events and will be handled in accordance with applicable UK data protection laws. By submitting this form, you consent to such use. Your feedback is valuable to us, but please refrain from including any sensitive personal data. If you have any concerns about privacy or data security, please contact the event organisers. Completion of this form does not create any legally binding obligations beyond the scope of feedback collection.

**PARTICIPANT SIGNATURE**

**EVENT ORGANISER SIGNATURE**

Date (DD/MM/YYYY): \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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