

Feedback Survey

There are no right or wrong answers. We want your opinion!

1. Please rate your level of agreement for each statement below.



	Strongly Disagree	Disagree	Agree	Strongly Agree
I am very satisfied with the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really enjoyed the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would come again to a future event like this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this event to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What was your favorite part about the event?

3. What can we do improve future events?



4. Would you be willing to participate in a short phone interview to share your thoughts about this event?

YES

NO

If yes, please provide us your name, email address, and/or phone number so we can get in contact with you!

Name: _____

Email: _____

Phone number: _____