



**(Name of your program )  
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 to improve future events?