**Event Name**

**Feedback Form**

Thank you for attending our event! Please provide us with some feedback so that we can make your experience of this event better next time. For each question below, circle the response that best characterizes how you feel about the statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 1. I felt safe, comfortable, and included at this event. | 1 | 2 | 3 | 4 | 5 |
| 2. The event was accessible to me (could you see, hear, and participate to your fullest extent?) | 1 | 2 | 3 | 4 | 5 |
| 3. I found this event to be engaging and enjoyable. | 1 | 2 | 3 | 4 | 5 |
| 4. I deepened my knowledge of the subject. | 1 | 2 | 3 | 4 | 5 |
| 5. Registering for this event was easy to do. | 1 | 2 | 3 | 4 | 5 |
| 6. The event seemed well planned and organized. | 1 | 2 | 3 | 4 | 5 |
| 7. I would recommend this event to a friend. | 1 | 2 | 3 | 4 | 5 |

How did you hear about this event?

Please share any additional comments or suggestions you may have:

Please contact NAME at CONTACT INFO if you have any further questions or comments.