

Name of the Organization Here
Overall Evaluation

Dates for the Event Here / Hotel Name Here / City, State Here

Please fill in bubbles completely.
1=Excellent 2=Good 3=Average 4=Poor

Pre-Conference Items

Conference Web site
1 2 3 4

Registration Process
1 2 3 4

On-Site Items

Conference Location
1 2 3 4

Parking
1 2 3 4

Hotel Check-In Process
1 2 3 4

Registration Check-In Process
1 2 3 4

Meeting Rooms
1 2 3 4

Exhibit Area
1 2 3 4

Event Bookstore
1 2 3 4

Event Staff Service
1 2 3 4

Sessions

Overall Content / Topics
1 2 3 4

Overall Speaker Rating
1 2 3 4

The best part of the Event was:

It would improve the Event if:

Please include the following session in next year's Event:

Form ID: Event Overall Eval

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