# Conference Feedback

-Overall, how educational was the event?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5  Extremely | 4  Learned a lot | 3  Learned Some | 2  Learned A Little | 1  Not at All |

-Overall, were you able to see and hear the presentations?

|  |  |
| --- | --- |
| Yes | No |

-Given the option, would you use this space for another similar conference in the future?

|  |  |
| --- | --- |
| Yes | No |

# What was your favorite part of this conference?

|  |
| --- |
|  |

# If you were running this conference, what would you have done differently?

|  |
| --- |
|  |

**The Presenters**

Evaluate presenters on how they met the criteria below

Presenter:

Topic:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Definitely | Mostly | Somewhat | Not Really | Not at All |
| **Interesting** |  |  |  |  |  |
| Prepared |  |  |  |  |  |
| **Accurate** |  |  |  |  |  |

Additional Feedback:

Presenter:

Topic:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Definitely | Mostly | Somewhat | Not Really | Not at All |
| **Interesting** |  |  |  |  |  |
| Prepared |  |  |  |  |  |
| **Accurate** |  |  |  |  |  |

Additional Feedback:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Topic:

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Additional Feedback:

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Additional Feedback:

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Additional Feedback: