# EBVTD Feedback Form Template

We value your feedback! Please take a moment to share your experience.

## 👤 Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 🏫 Institution/Organization (if any):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 📧 Email or Contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 💬 How was your experience engaging with EBVTD’s digital content?

[ ] Excellent  
[ ] Good  
[ ] Average  
[ ] Poor

## ⭐ Suggestions to improve:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 📌 Would you recommend EBVTD to others?

[ ] Yes [ ] Maybe [ ] No