**Participants’ Feedback Format**

**Name of Participant: Date:**

**Category (student/ faculty/visitors):**

**Designation:**

**Department/ Organization:**

You are requested to provide feedback on the event conducted. Your genuine feedback will assist us to continually enhance the quality of our events.

Q1. How would you rate the overall quality of the event?

1 Average 2 Good 3 Very Good 4 Outstanding 5 Excellent

Q2. Was the event well-organized and planned?

1 Average 2 Good 3 Very Good 4 Outstanding 5 Excellent

Q3. Did the event meet your expectations?

1 Average 2 Good 3 Very Good 4 Outstanding 5 Excellent

Q4. Were the speakers/presenters knowledgeable and engaging?

1 Average 2 Good 3 Very Good 4 Outstanding 5 Excellent

Q5. Did you find the content relevant and informative?

1 Average 2 Good 3 Very Good 4 Outstanding 5 Excellent

Q6. Were the venue and facilities suitable for the event?

1 Average 2 Good 3 Very Good 4 Outstanding 5 Excellent

Q7. Did you find the event registration process easy and efficient?

1 Average 2 Good 3 Very Good 4 Outstanding 5 Excellent

Q8. Was the event length appropriate?

1 Somewhat Agree 2 Agree 3 Strongly Agree

Q9. Did you have enough opportunities to network and connect with other attendees?

1 Somewhat Agree 2 Agree 3 Strongly Agree

Q10. Would you recommend this event to others?

1 Recommend 2 Highly Recommend

Q11. Suggestions, if any

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