

## Post-Event Participant Evaluation

Please complete and return to (INSERT NAME).

*In order to fulfill your meeting and educational needs, (INSERT NAME) would like to get your input about this and future meetings. Please help us by completing the following information.*

1. Presentation Speaking Quality: ☐Excellent ☐Good ☐Fair ☐Poor  
Comments:

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2. Presentation Program Content: ☐Excellent ☐Good ☐Fair ☐Poor  
Comments:

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3. Was the program presentation beneficial to you? ☐Yes ☐No  
Comments:

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4. Did you receive the information you expected? ☐Yes ☐No  
Comments:

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5. Was sufficient time provided for the presentation? ☐Yes ☐No  
Comments:

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6. Was sufficient time provided for networking? ☐Yes ☐No  
Comments:

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7. Meeting Site: ☐Excellent ☐Good ☐Fair ☐Poor  
Comments:

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8. Food: ☐Excellent ☐Good ☐Fair ☐Poor  
Comments:

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9. SUGGESTIONS FOR FUTURE PRESENTATION TOPICS

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10. SUGGESTIONS FOR FUTURE MEETING LOCATIONS

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