



Feedback Form

Session/Workshop Title:

Date:

Attendee Name:

(optional)

To enable us to improve our service to you, please rate the following aspects of the workshop/session:

	excellent	good	not good	poor
Organisation <i>the pre-event information and organisation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session/Workshop Content <i>were the subject/topics covered as advertised?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course Notes <i>were any notes provided, clear, professionally presented and supplied on time?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation <i>was the session/workshop conducted in a pleasant and positive atmosphere?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Enjoyment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments