

CONFERENCE EVALUATION FORM

Conference Name: _____

Session Title: _____

Presenter(s) Name(s): _____

Please rate the following aspects of the session:

Criteria	Excellent	Good	Fair	Poor
Content Quality	■	■	■	■
Presenter Knowledge	■	■	■	■
Presentation Skills	■	■	■	■
Relevance to Conference Theme	■	■	■	■
Audience Engagement	■	■	■	■

Please provide comments on the session (strengths, weaknesses, suggestions):

Overall Conference Experience:

Rating	■ Excellent	■ Good	■ Fair	■ Poor
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Additional Comments or Suggestions:

Attendee Information (Optional):

Full Name: _____

Organization / Affiliation: _____

Attendee Signature

Date

Signature: _____

Legal and Confidentiality Notice:

This evaluation form is provided solely for the purpose of collecting attendee feedback to improve conference sessions and overall experience. All personal information provided is voluntary and will be handled in accordance with applicable United States privacy laws. By submitting this form, the attendee consents to the use of the information for conference evaluation and improvement purposes only. This form does not create any binding contractual obligations beyond the scope of feedback collection.

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