

# FEEDBACK FORM

## STRATEGIC BUSINESS PLANNING 23 July 2009

\*(Please delete where appropriate)

What attracted you to this event?

Subject area   
Speakers   
Networking opportunities   
Other (please specify)

  
  
  

---

Did the event meet your objectives?

Yes/No\*

Was the event relevant to your Business/ Work?

Yes/No\*

Will the event alter your Business/ Work?

Yes/No\*

Using the scale, please tick to rate the following items:

(Please note that for online completion double click the box and change default value to checked)

**What was your overall impression?**

Excellent  Very Good  Acceptable  Poor  Very Poor

**How did you find the session content?**

Excellent  Very Good  Acceptable  Poor  Very Poor

**How would you rate the quality of speaker?**

Excellent  Very Good  Acceptable  Poor  Very Poor

**How would you rate the length and time of day of the event?**

Excellent  Very Good  Acceptable  Poor  Very Poor

**How did you find the venue and /or facilities?**

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