

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?

Excellent Very Good Acceptable Poor Very Poor

(please turn over)

