

Conference Facility Satisfaction Evaluation Form

Name (optional)

Email (optional)

Conference/Event Name

Date Attended

 YYYY-MM-DD

Facilities

Room Comfort

- 1
- 2
- 3
- 4
- 5

Audio/Visual Equipment

- 1
- 2
- 3
- 4
- 5

Cleanliness

- 1
- 2
- 3
- 4
- 5

Seating Arrangement

- 1
- 2
- 3
- 4
- 5

Location/Accessibility

- 1
- 2
- 3
- 4
- 5

Other Facilities

Additional Facilities Used (e.g., Wi-Fi, Parking)

Overall Satisfaction

- 1
- 2
- 3
- 4
- 5

Comments / Suggestions

Your feedback