

Conference Facility Satisfaction Evaluation Form

Name (optional)

Email (optional)

Conference/Event Name

Date Attended

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