

# Event Attendee Hospitality Feedback Sheet

Name

Email (optional)

Event Name

Date of Event

1. How would you rate the hospitality at the event?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

2. Was the staff courteous and helpful?

- ☐ Yes
- ☐ Somewhat
- ☐ No

3. How would you rate the event facilities?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

4. How would you rate the food & beverages?

- ☐ Excellent
- ☐ Good
- ☐ Average

☐ Poor

☐ N/A

5. Suggestions for improvement or additional comments

Signature

Date