



Feedback form

Thank you for attending this CPD event. Please take a few minutes to complete this Feedback Form. Your comments will enable us to ensure that future events satisfy the needs and objectives of our members.

Section A-Details

Event title: _____
 Event date: _____ Presenter: _____
 Venue: _____
 Name: _____
 Company: _____
 Email: _____

Membership CII PFS Non-member PIN

Section B-Content

Using the scale below please indicate the score that most accurately reflects your views on:

(1 = Very Poor, 2 = Poor, 3 = Satisfactory, 4 = Good, 5 = Very Good, 6 = Excellent)

	1	2	3	4	5	6
Presentation content	<input type="checkbox"/>					
Presentation style of the speaker	<input type="checkbox"/>					
Quality of the handouts/supporting material (if applicable)	<input type="checkbox"/>					
Event learning objectives were clearly stated	<input type="checkbox"/>					
Event met the stated learning objectives	<input type="checkbox"/>					
Location of the venue	<input type="checkbox"/>					
Venue facilities and catering	<input type="checkbox"/>					
Event duration was appropriate	<input type="checkbox"/>					
Event start time was appropriate	<input type="checkbox"/>					

Please add any comments you wish to make relating to the following areas:

How did you hear about this event? _____

Please state your reasons for attending? Relevant to job General Interest

What do you feel were the strengths/weaknesses of this event? _____

What additional events or topics would be of interest to you in the future? _____

Would you attend another local institute event? Yes No

Do you have any other comments or suggestions? _____