Post-Event Survey

| Name: | | | | | | Date: |
|---|----------------------------------|----------|-----------|--------|-----------|---|
| 1. Is this your first time attending our event? Yes No | | | | | | 5. How satisfied are you with the variety of activities at our event? Very unsatisfied |
| 2. How did you Recomm Social me Google s Email nev On TV Other: 3. How woul satisfaction | ended ledia earch wsletter | by a fri | iend or c | vel of | ue — | 6. What was your favorite moment at our event? 7. How could we have improved your experience? |
| | Bad | Poor | Average | | Excellent | |
| Location | 0 | 0 | 0 | 0 | 0 | |
| Entertainment | 0 | 0 | 0 | 0 | 0 | 8. For Question #6, can we share your |
| Food & Drinks | O | O | 0 | 0 | O | answer as an anonymous testimonial on our website? |
| Ticket Price | 0 | 0 | 0 | 0 | 0 | |
| Parking | 0 | 0 | 0 | 0 | 0 | Yes, you have my permission to share my answer. No, you do not have permission to share my answer. |
| Event Duration | 0 | 0 | 0 | 0 | 0 | Other: |
| 4. How likely event to a | | | | | our | |