

<Placement of the Company Logo>

<Placement of Brand Tagline>

Particulars – (It is recommended that the seeker of feedback, fill this segment in advance.)

Name / Company Name –

Email Address –

Mobile Number –

Name of the Event –

End Client –

Date(s) of the Event –

Event Venue –

Event Description/Occasion –

Number of Attendees –

Feedback Form

(Fields marked with an asterisk are mandatory.)

*Rating of Performance

Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐
Not Satisfactory ☐ Substandard ☐

Remarks or suggestions _____

*Pre-Event Experience –

Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐
Ineffectual ☐

Remarks or suggestions _____

*Onsite Experience –

Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐
Not Satisfactory ☐

Remarks or suggestions _____

*Rating of the Content –

Brilliant ☐ Appropriate ☐ Average ☐ Off the Mark ☐

Did We/I Interact as a Team Player?

Yes ☐ No ☐ Not Sure ☐

Areas for potential improvement

Ideas for future work

***Would you Recommend us/me?**

Yes

☐

No

☐

Maybe

☐

Brief Testimonial

<Placement of Showreel Link>

<Placement of Social Media Handles>