

Name:

Company:

SPONSOR FEEDBACK

Your feedback is extremely important to us, so we would very much appreciate you taking the time to complete and return this form. Please score each item, unless otherwise indicated, with a **maximum score of 10 for outstanding down to 0 for awful**.

DELEGATES

How happy were you with the list of delegates? **Score**
/10
Comments:

Were there any delegates whom you would have preferred not to have been invited? **Yes/No**
If yes, please name below. ***This will be treated in strict confidence:***
Comments:

CONFERENCE FORMAT

Do you consider the format to be appropriate for this type of event? **Yes/No**
Comments:

Was there a good balance between business sessions and informal networking? **Yes/No**
Comments:

DATE

September is a busy month for events and this date is close to quarter end. We moved it from earlier in the month to avoid clashing with holidays. Do you have a preference? (Please delete as appropriate)

Prefer early-mid September Happy with this date Prefer October No preference

Comments:

KEYNOTE

Was Dr Adam Kucharski a suitable keynote speaker? **Yes/No**
Comments:

Please score for content and delivery **/10**

MARKETING

Did you like the design concept for the event?

Yes/No

Comments:

Did you feel that the website, online brochure and branding at the event gave you sufficient exposure?

Yes/No

www.ngfinternational.com

Comments:

VENUE

Overall, how successful was the venue for this event?

/10

Please score each individual element:

Location

/10

Meeting room facilities

/10

Food and Beverage

/10

Comments on the venue:

ORGANISATION

Please rate the conference organisation and comment on any areas for improvement:

Score

/10

Comments:

OVERALL CONFERENCE RATING

How could the event be improved?

Score

/10

Comments:

Would you be interested in supporting NGF International next year?

Yes/No

Comments:

TESTIMONIAL

If you would be happy to recommend NGF International and/or Infusion Events, we would be extremely grateful for your comments. Please indicate if you are happy for these to be used in our marketing promotional materials and whether we can use your name or your company name or both.

Yes/No

Comments:

Thank you for taking the time to complete this form. Please return to: sally.doyle@infusionevents.com by **Friday 4th October**