



**INCLUSIVE
MARKET**
KELOWNA

Vendor Feedback Form - *Inclusive Market Kelowna 2026*

Thank you for being part of this event. Your feedback helps us make future markets better.

Your Information

Name: _____

Business Name: _____

Email: _____

Phone: _____

Your Experience

1. Overall, how was your experience at the market?
 Great Good Okay Not good
 2. Was the event well organized?
 Yes Somewhat No
 3. Did you feel welcomed and supported?
 Yes Somewhat No
 4. Was the space accessible and comfortable for you?
 Yes Somewhat No
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Selling & Connections

5. Did you make sales at the event?
 Yes No
6. Did you connect with new customers or other vendors?
 Yes No

Looking Ahead

8. Would you take part in this event again?

Yes Maybe No

9. What did you like most about the event?

10. What could we do better next time?

11. Any other comments?

Thank you for sharing your feedback! 😊