**EVENT EVALUATION FEEDBACK PERFORMA**

Please take a few moments to provide us with your valuable feedback on the **25th Annual Cardiology Update Conference**. Your input is crucial for improving future conferences. Thank you for your participation!

**1. Personal Information (Optional):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | PMDC No |  |
| Hospital  |  | Contact No |  |
| Speaker/Delegate |  | Sponsored by |  |
| Certificate Name |  | Email |  |

**2. Overall Conference Experience: Please rate the following aspects of the conference on a scale of 1 to 5, with 1 being Poor and 5 being Excellent.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Organization and Planning:
 | 1 (Poor) 2 3 4 5 (Excellent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |

 |
| 1. Venue and Facilities
 | 1 (Poor) 2 3 4 5 (Excellent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |

 |
| 1. Relevance of Topics and Sessions
 | 1 (Poor) 2 3 4 5 (Excellent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |

 |
| 1. Quality of Speakers and Presentations
 | 1 (Poor) 2 3 4 5 (Excellent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |

 |
| 1. Networking Opportunities
 | 1 (Poor) 2 3 4 5 (Excellent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |

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**3. Content and Sessions**

|  |  |
| --- | --- |
| 1. Which sessions did you find most valuable? Why?
 |  |
| 1. Were there any topics you wish had been covered but were not?
 |  |
| 1. What scientific material you wanted to be included next year conference
 |  |

**4. Speakers**

|  |  |
| --- | --- |
| 1. Please provide feedback on the quality of speakers
 |  |
| 1. Were the speakers engaging and knowledgeable?
 |  |

**5. Organization:**

|  |  |
| --- | --- |
| 1. How would you rate the overall organization of the conference?
 |  |
| 1. Were the sessions well-timed and well-organized?
 |  |

**6. Logistics:**

|  |  |
| --- | --- |
| 1. Were there any logistical issues you encountered during the conference?
 |  |

**7. Suggestions for Improvement:**

|  |  |
| --- | --- |
| 1. What aspects of the conference do you think could be improved?
 |  |

**8. Future Attendance:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Would you consider attending our future conferences?
 |

|  |  |
| --- | --- |
| Yes | No |

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**9. Additional Comments: Please share any additional comments or suggestions you have for us.**

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| --- |
|  |

Thank you for your participation and feedback! Your input is greatly appreciated and will help us enhance future conferences.