

We are very keen to receive your views on our conference. The feedback you give will allow us to deliver sessions which will meet your needs. We would appreciate it if you could spend a few minutes filling in this form before you leave.

	Poor	Satisfactory	Good / Useful	Excellent/ Very Useful
Overall Verdict				
Conference Structure				
Content of Workshops				
Conference Length				
Presenter(s)				
Venue				

What did you like about the conference?

What do you think could be improved?

What would you like more of / less of?

Do you have any suggestions for future conferences?

Circle which day, time and month would suit you best for future conferences

MORNING

AFTERNOON

EVENING

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY SEPTEMBER OCTOBER NOVEMBER DECEMBER