

## Feedback Sheet

1. How would you rate today's presentation/workshop?

0 \_\_\_\_\_ 10  
poor excellent

2. How did you hear about this presentation/workshop?

- Online Search
- Word of Mouth
- Other \_\_\_\_\_

3. What is your preferred time to attend a presentation/workshop?

- During the day
- During the weekend
- During the evening

4. What other workshops/courses would you be interested in attending?

---

---

Thank you for taking the time to give us feedback.

*Optional*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_