



Dear Participant,

Thank you for attending this event. In our effort to improve the organisation and the impact of these events we invite you to complete the following questionnaire. In most of the questions you will be asked to rate your satisfaction on a scale by ticking the appropriate answer. In some of the questions you will be asked to describe your personal opinion in a few words and to give suggestions for future improvements of the content and overall organisation of the event.

We appreciate your valuable contribution and we thank you in advance!

Gene	eral information								
a)	Sex (Please tick the appropriate number):	□ Female	□ Male						
b)	Your Age								
c)	Country								
d)	What is your present professional position?								
OVERALL FEEDBACK									

a) Overall, how satisfied were you with:

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	Most satisfied	Satisfied	Moderately satisfied	Rather dissatisfied	Not at all satisfied
The event administration	5	4	3	2	1
The structure of the programme	5	4	3	2	1
The venue and facilities	5	4	3	2	1
The presentations	5	4	3	2	1
The discussions	5	4	3	2	1

b) Please indicate your agreement with the following statements by ticking the appropriate number:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The information I got will be of immediate use to me.	5	4	3	2	1
This event covered to a very high extent the topics I have expected.	5	4	3	2	1
I enjoyed the cooperation and interaction with the other participants.	5	4	3	2	1
My expectations about this event were met or exceeded.	5	4	3	2	1





The materials distributed are useful and informative.	5	4	3	2	1
The discussions were relevant for the participants.	5	4	3	2	1
The methods of working were suitable for the topics and for the participants.	5	4	3	2	1
The overall organisation was professional.	5	4	3	2	1
The time management was always to my fullest satisfaction.	5	4	3	2	1
The style and level of communication between organisers and participants was professional.	5	4	3	2	1
I would recommend this kind of event to my colleagues.	5	4	3	2	1

STRENGTHS AND LIMITATIONS OF THE EVENT

a)	Have yo	ou participa	ated in	simila	r event	events before? □ Ye					□ No	
b)		illustrate :	•	•					ibutions	or	activities	you ——
c)	Please	indicate	how	you	think	the	event	could	have	bee	en impro	oved:
d)	Any furt	ther comr	ments?									

WE THANK YOU FOR YOUR COOPERATION