



POST-EVENT QUESTIONNAIRE

FULL NAME: _____

EVENT INFORMATION

Event Name _____

Event Date _____

EVENT RECAP

How did the event go overall? (positives, negatives, general impressions, etc.)

If you could change anything for future events, what would it be?

Estimated number of attendees you interacted with:

SIGN UPS

Were any sales made? If so, how many?

*Please return this form along with pictures from the event and any receipts to Mackenzie Gerling (mgerling@corp.socket.net) within **3 days** after the event.*