

## Webinar Feedback Survey

Thank you for joining today's session. Fill the checkboxes completely using a blue or black pen. Your feedback helps us improve future webinars.

### About the session

**Webinar title**

### Rate your experience

**Please rate the following aspects of the webinar.**

*Please cross one in each line*

|                             | Poor                  | Fair                  | Good                  | Very good             | Excellent             |
|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Relevance of the topic      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quality of the presenter    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clarity of the content      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Usefulness of the materials | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Length of the session       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Looking ahead

**Would you attend another webinar from us?**

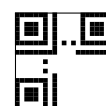
*(Please cross one)*

- ☐ Definitely  
☐ Probably  
☐ Not sure  
☐ No

**What topics would you like us to cover next?**

Thank you for your feedback. Please hand this form back to the organizer before you leave.

To respond ☒ or ☐



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