Q1. Evaluation Form - Activity Name (Date)

Q2. 1. How satisfied were you with the following?

	5 (Very Satisfied)	4 (Satisfied)	3 (Neutral)	2 (Unsatisfied)	1 (Very Unsatisfied)
a. Date & Time & Venue	◉	○	○	○	○
b. Training Content	◉	○	○	○	○
c. Presentation Method	◉	○	○	○	○
d. Quality of trainers / speakers	◉	○	○	○	○
e. Overall satisfaction	◉	○	○	○	○

Q3. 2. What is the most important thing that you have learned from this training?

fd

Q9. 3. Anything we can do to better your learning experience?

This question was not displayed to the respondent.

Q4. 4. What other topics you would be interested in attending?

sf

Q5. 5. What is your preferred time for training? (Optional)

○ Morning

○ Afternoon

○ Evening

◉ Other (please specify)

Q6. 6. Other Comment (s)(Optional)

Q7. 7. Your Name (Optional)

Q8. 8. Name of Society / Group (Optional)

Location Data

Location: (22.3, 113.95)

Source: GeoIP Estimation