



## Event Debriefing Form

Event: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Attendance: \_\_\_\_\_

### Comments:

Venue / Parking:

\_\_\_\_\_

Registration / Check-In:

\_\_\_\_\_

Food / Bar:

\_\_\_\_\_

Service:

\_\_\_\_\_

Décor:

\_\_\_\_\_

Music:

\_\_\_\_\_

Program:

\_\_\_\_\_

Were your event objectives met?

\_\_\_\_\_

What would you do differently?

\_\_\_\_\_

Submitted by: \_\_\_\_\_