FLORIDA STATE UNIVERSITY PANAMA CITY **STUDENT ORGANIZATION EVENT FEEDBACK**

Event:								
Date:		Tir	ne:					
You are:								
☐ FSU Student			GCSC S	tudent				
☐ FSU Faculty/Staff		☐ GCSC Faculty/Staff						
☐ FSU Alumni		□ Community Member						
How did you learn about this event? (select all that apply)								
□ Email		☐ Instagram						
□ Facebook		☐ Text Message						
☐ Flyer		□ Twitter						
☐ FSU Calendar		☐ Word of Mouth						
☐ GCSC Calendar			Other:					
How would you rate the following?								
	Poor		Fair	Good	Great			
Topic	1		2	3	4			
Activities	1		2	3	4			
Information Learned	1		2	3	4			
Length of Event	1		2	3	4			
Date	1		2	3	4			
Time	1		2	3	4			
Location	1		2	3	4			
Overall Event	1		2	3	4			
What did you like most about the event?								
What did you like least about the event?								
Suggestions for the future:								

Thank you for your feedback!

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Thank you for your feedback!