

FEEDBACK QUESTIONNAIRE

Name:

Job Title:

Company:

Please provide Offshore Network with a testimonial of your experience at this workshop:

N.B. Any testimonials provided could be used in future marketing unless specifically instructed otherwise.

Please rate your experience at the workshop on the following criteria between 1 and 10.

	Extremely Poor					Outstanding				
	1	2	3	4	5	6	7	8	9	10
1.Your overall experience of the workshop and value gained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.The quality of the information disseminated at the workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.The quality of the networking onsite at the workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.How well the workshop met your expectations based on advertised content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.The value of any additional lunch sessions you attended onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.How likely are you to attend OWI WCA 2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7. What additional topics should be discussed and which companies would you like to hear from?

10. What additional training sessions or workshops would you find valuable?

8. Which companies would you like to meet and what is the most relevant job function?

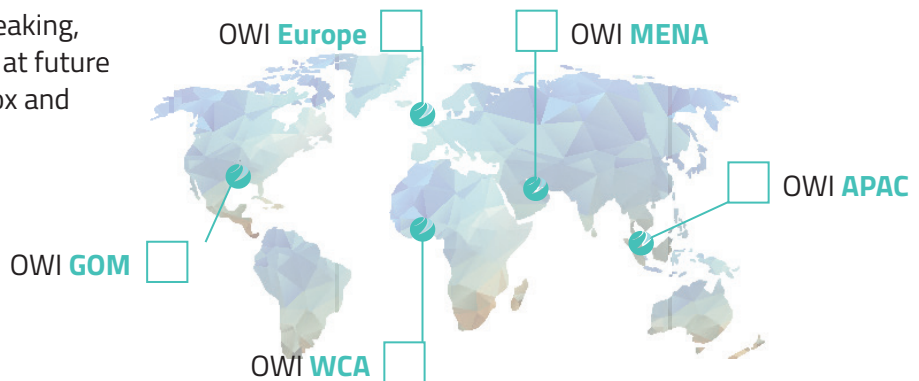
11. What were the most valuable presentations at this year's workshop for you?

9. What new products, services or technologies would you like to hear about next year?

12. What industry groups or associations are you part of?

If you would like to hear more about speaking, sponsorship or exhibition opportunities at future events, please select the appropriate box and region:

- Speaking Opportunities
- Sponsorship Opportunities
- Technology Showcase Hall



Thank you for taking the time to fill in this questionnaire and for supporting OWI WCA 2018.