

# Feedback Form

1. Please tell us how satisfied you were with the event:

|                          | poor | neutral | good | excellent | n/a |
|--------------------------|------|---------|------|-----------|-----|
| Audience                 |      |         |      |           |     |
| Networking opportunities |      |         |      |           |     |
| Presentations            |      |         |      |           |     |
| Discussion               |      |         |      |           |     |
| Venue                    |      |         |      |           |     |
| Catering                 |      |         |      |           |     |
| Overall                  |      |         |      |           |     |
| Value for money          |      |         |      |           |     |

2. How many NEW connections (e.g. exchanges of contact details) have you made due to the meeting? \_\_\_

3. How many new connections do you intend to follow-up with meetings, e-mails or phone calls? \_\_\_

4. How many expert or company referrals did you make due to this meeting? \_\_\_

5. Please indicate what kind of support you would find most helpful:

|                        | not important | somewhat important | very important | not applicable |
|------------------------|---------------|--------------------|----------------|----------------|
| Financial advice       |               |                    |                |                |
| Loan                   |               |                    |                |                |
| Investment             |               |                    |                |                |
| Licensing              |               |                    |                |                |
| Legal support          |               |                    |                |                |
| IP protection          |               |                    |                |                |
| Industrial partnership |               |                    |                |                |
| Business management    |               |                    |                |                |
| Working space          |               |                    |                |                |
| Networking             |               |                    |                |                |
| Recruitment            |               |                    |                |                |
| Marketing              |               |                    |                |                |
| Distribution           |               |                    |                |                |

Feel free to describe your specific needs: \_\_\_\_\_

6. Would you like to:

|                                  | no | maybe | yes | not applicable |
|----------------------------------|----|-------|-----|----------------|
| Nominate a future speaker        |    |       |     |                |
| Help organize a future meeting   |    |       |     |                |
| Host a future meeting            |    |       |     |                |
| Mentor a scientist or SME        |    |       |     |                |
| Volunteer for a business surgery |    |       |     |                |
| Provide business skills training |    |       |     |                |
| Offer consulting advice          |    |       |     |                |

7. Science Capital is a new organisation, please indicate how we could improve:

8. Please indicate your profession: \_\_\_\_\_ 9. Date: \_\_\_\_\_