

Medical Conference Registration Survey

Use this **medical conference registration survey** sample form to efficiently collect participant information and preferences. It streamlines the registration process while gathering valuable data to enhance event planning. Customize questions to suit specific conference needs and ensure a smooth attendee experience.

Personal Information

Full Name:

Email Address:

Contact Number:

Organization/Hospital/Clinic:

Designation/Title:

Conference Details

Which days will you attend?

☐ Day 1

☐ Day 2

☐ Day 3

Are you attending as:

Delegate

Medical Specialty/Field:

Preferences & Requirements

Select workshops/sessions you are interested in:

☐ Workshop A: Recent Advances

☐ Workshop B: Best Practices

☐ Workshop C: Technology in Healthcare

Dietary Preferences/Restrictions:

None

Do you require any special assistance or accessibility accommodations?

Feedback & Suggestions

What are your expectations from the conference?

Any topics or speakers you would like to suggest?

Submit Registration