Post Event Questionnaire

Please rate and comment on the following areas:

Event Date _____ Contact Person _____

Group Name _____

1. During your pre-function planning:

Were you able to reach the event coordinator quickly?	Yes	No
Were your phone calls or e-mails returned in a timely manner?	Yes	No
Were the contact people knowledgeable and courteous?	Yes	No

Comments:_____

_____

2. Was your meeting/event room(s):

Set up properly?	Yes	No
Set up on time?	Yes	No
Clean and orderly?	Yes	No

Comments:_____

_____

3. Were your AV needs:

Set up properly?	Yes	No
Functioning properly?	Yes	No
Easy operation?	Yes	No

Comments:_____

_____

4. Please rate the following where applicable:

	Excellent	Very Good	Good	Fair	Poor
Facility Management					
Set-up					
Parking					
Audio / Visual					
Security					
Overall Facility Appearance					

Additional comments or suggestions:_____

_____