



YOUR COMMENTS COUNT!

Invoice # _____ Event Date _____

Name _____

Organization _____

Phone _____

Email _____

Please assist us in providing you with excellent service by answering the questions below.

How would you rate your overall experience (from reservation to event completion)? excellent good fair poor

Please rate the service you received while making the reservation. excellent good fair poor

Do you feel you were given complete information when making the reservation? yes no

Did the Service Manager meet you at your scheduled arrival time? yes no

Was the room clean? yes no

Was the audio/visual equipment set up? yes no

**Note: If you used UCen Catering, you will receive a separate catering evaluation form.*

Who was your Service Manager? _____

Which room did you use? _____

How often do you use our services? _____

Was there any particular person who exceeded your expectations?

Please include any additional comments or concerns.

THANK YOU FOR YOUR PARTICIPATION!