

DATE OF EVENT: \_\_\_\_\_

COMPANY (Group) NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IF YOU PREFER TO REMAIN ANNOYNOUS, PLEASE CHECK THE BOX

**Facility and Service Evaluation:**

Please rate the following questions on a scale of 1-5; with 1 being Poor and 5 being Excellent.

1. HOW WOULD YOU RATE THE QUALITY OF OUR SERVICES WITH REGARDS TO THE FOLLOWING QUESTIONS:

EVENT PLANNING, BOOKING AND SUPPORT:

AUDIOVISUAL SUPPORT:

CATERING & BEVERAGE ASSISTANCE:

ROOM SETUP:

SECURITY:

COMMENTS: \_\_\_\_\_

2. HOW WOULD YOU RATE THE PROFESSIONALISM AND FRIENDLINESS OF OUR STAFF?

COMMENTS: \_\_\_\_\_

3. HOW WOULD YOU RATE THE FUNCTIONALITY AND CLEANLINESS OF OUR FACILITY?

COMMENTS: \_\_\_\_\_

4. HOW LIKELY ARE YOU TO USE OUR FACILITY IN THE FUTURE?

COMMENTS: \_\_\_\_\_

5. PLEASE RATE YOUR OVERALL EXPERIENCE:

COMMENTS: \_\_\_\_\_

ADDITIONAL COMMENTS, FEEDBACK & RECOMMENDATIONS: \_\_\_\_\_

Thank You, for your convenience please return completed form via e-mail. We appreciated the opportunity to be of service to you.

*Mary Partridge*

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