



Event Evaluation

Our goal is to provide you with an exceptional experience.
We value your patronage and ask for your comments
so that we may serve you even better in the future.

6155 Earle Brown Drive
Brooklyn Center MN 55430
Phone 763-569-6300
Fax 763-569-6320

Please rate your experience:

4 = Far Better Than Expected 3 = Better Than Expected 2 = Met Expectations 1 = Less Than Expected

4	3	2	1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to your initial inquiry.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sales Manager's attention to details/specifications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service prior to event.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understanding of your needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to requests/changes during the event.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of food & beverage items.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall event service quality.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall value.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambiance/Image of facility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location/Freeway access/Parking.

Comments: _____

Suggested improvements: _____

What was the most important factor in choosing Earle Brown Heritage Center for your event? Why? _____

Would you plan to use the Heritage Center again? _____

May we post your comments on our website, www.earlebrown.com? Yes No

Thank you for sharing your comments with us!

Company Name _____ Contact Person _____
 Address _____
 City _____ State _____ Zip _____
 Event Date _____ Type of Event/Sales Manager _____