

Health Sciences Events Services Office

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Events Services Evaluation

Our goal in the Health Sciences Events Services Office is to provide excellent services to our customers. Your organization recently hosted an event/program at a Drexel University Health Sciences Campus (Queen Lane or Center City Campus) and we would appreciate your feedback.

Name:	Organization:	
Event Name:	Event Date:	
Location (campus, building, room):		
Please use the following rating scale, making detailed comments when needed: (1) Unacceptable, (2) Poor, (3) Fair, (4) Good, (5) Excellent, (NA) Not Applicable		
1. How satisfied were you with the general appearance of the room(s		
Comments:		,
2. How satisfied were you with the cleanliness of the room(s)?		
Comments:		
3. How satisfied were you with the arrangement or set-up of the room(s)?		
Comments:		
4. How satisfied were you with the services provided by the Event Services Office?		
Comments:		
5. If applicable, how satisfied were you with your technical and/or A		
Comments: (If possible please list the name of the manager and/or technician.)		
6. If applicable, how satisfied were you with Catering Services receiv	ed?	
Comments: (Please list Catering Services)		
7. Please rate your overall event experience noting any prominent fea	tures or staff.	
Comments:		

 \sim Thank you in advance for helping us to improve our services. \sim