

Center Staging, Inc.
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www.CenterStaging.Net

How'd We Do?

Contact Name

Event Date(s)

Company Name

Our Job #

Event Name

Contact Phone

Please help us improve our products and services by evaluating our performance for the above event. Thank you, we appreciate your input.

- | | | |
|--|------------|-----------|
| Setup - did we arrive on time and perform our services in a timely fashion? | Yes | No |
| Did we perform the services and supply the products that you requested? | Yes | No |
| Did the appearance and professionalism of our crew meet your requirements? | Yes | No |
| After completion, did our finished product meet with your approval? | Yes | No |
| Take Down - did we arrive on time and perform our services in a timely fashion? | Yes | No |

How would you evaluate our products, services and performance overall?

1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Excellent

We welcome any comments, suggestions or questions.

Thank you in advance,

Doc Chatelain
Center Staging, Inc.
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