Jacksonville • Onslow
CHAMBER OF COMMERCE

CONFERENCE ROOM SURVEY

Please take a few minutes to let us know how we can better serve you in the future.

1. Were you satisfied with the room you booked? _____Yes, _____No
2. Was the room clean and presentable? _____Yes, _____No
3. Did you request items from the Chamber (tri-pod, tables, extension cords, etc.)? ____Yes, _____No
4. Were the items available and ready when you arrived? _____Yes, _____No, _____NA
5. Will you book a room/rooms with the Chamber for future meetings? _____Yes, _____No
6. Will you recommend the use of the Chamber rooms to other members? _____Yes, _____No
7. How likely will you use the rooms at the Chamber again? ___Definitely, ____Maybe ____Not likely

Please take a few minutes to leave any additional comments or ways in which we can better serve you "our members":

COMMENTS:_____

_____

_____

OPTIONAL:

_____ _____

NAME DATE COMPANY

Would you like the President to contact you? YES NO (circle one)

If so, please leave your email address:_____ Phone #_____