

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. Organization: Name: Event Date: Event Name: 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/V services? Comments: (If possible please list the name of the manager and/or technician.) 6. If applicable, how satisfied were you with Catering Services received? Comments: (Please list Catering Services) 7. Please rate your overall event experience noting any prominent features or staff. Comments: