



SU POST EVENT EVALUATION

Your Name: _____
Phone: _____
Email: _____
Group Name: _____
Date of Event: _____
Facilities Used: _____

1. Who was your main contact prior to your event?
2. Who was your on-site event manager?
3. Were you satisfied with the level of service you received prior to your event?
Yes or No - Comments: _____
4. Upon your arrival, did you find the space prepared to your satisfaction?
Yes or No - Comments: _____
5. Did you encounter any problems during your event?
Yes or No - Comments: _____
6. If you encountered problems, were they dealt with in a timely and reasonable fashion?
Yes or No - Comments: _____
7. If you made use of SU Hospitality Catering, do you have any comments about the food or staff?
Comments: _____
8. On a scale from A-F, please rate the following: (A = Excellent, C = Average, F = Unsatisfactory)

| STAFF | A | B | C | D | F | N/A |
|----------------------------------------------------------|---|---|---|---|---|-----|
| Pre-event/Conference | | | | | | |
| Event Management | | | | | | |
| Technical Assistance | | | | | | |
| Security | | | | | | |
| | | | | | | |
| FACILITIES | A | B | C | D | F | N/A |
| Cleanliness | | | | | | |
| Technical Equipment | | | | | | |
| Dining Options | | | | | | |
| Catering Quality | | | | | | |
| Restrooms | | | | | | |
| Furniture (Tables, chairs, room dividers, staging, etc.) | | | | | | |
| | | | | | | |
| COST/VALUE | A | B | C | D | F | N/A |
| Meeting Space | | | | | | |
| Technical Equipment | | | | | | |
| Audio Visual Equipment | | | | | | |
| Catering | | | | | | |
| Retail Food Options | | | | | | |

9. Would you recommend our facilities to others?
Yes or No - Comments: _____
10. May we use your response as a reference or in promotional materials?
Yes or No - Comments: _____

Send to:
SU Event Services
Email: eventservices@schreiner.edu