CONTINUING EDUCATION STAFF SERVICES

1. Assistance from Continuing Education (CE) Staff in planning event
2. Responsiveness of CE staff during program
3. Assistance in marketing (brochures, flyars, and advertisements)
4. Registration services (pre-registration and on-site registration)
5. Financial management

CONFERENCE SUPPORT SERVICES

1. Room arranged according to directions
2. How would you best describe how the audio visual equipment met your needs?
3. Adequacy of parking facilities
4. Appearance of facility
5. Comfort level of meeting space (e.g. too hot, too cold)

CATERING SERVICES

1. Break Service
2. Meals

PROGRAM PARTICIPATION

Number of Days Program Held

Indicate numbers attending program each day:

Day: 1 2 3 4 5 6

Please use the back of this form for additional comments. We appreciate your comments, and we are striving to find new and better ways to serve you.

Program and Dates: ____________________________________________
Program Coordinator or Instructor: ________________________________
Form Completed by: ____________________________________________

CR-F3 McKimmon Center Client Relations, Campus Box 7401, Raleigh NC 27695-7401 Phone: 919-515-2277
### CLIENT RELATIONS/FACILITY SUPPORT STAFF SERVICES

1. Assistance from Client Relations Staff prior to program
2. Room arranged according to directions
3. Helpfulness and responsiveness of staff during program
4. Overall rating for support received from CR/FS Staff

### CONFERENCE SUPPORT SERVICES

1. How would you rate the adequacy of the space assigned to your program?
2. How would you best describe how the audio visual equipment met your needs?
3. How would you best describe how the sound equipment met your needs?
4. Adequacy of parking facilities
5. Appearance of facility
6. Comfort level of meeting space (e.g. too hot, too cold)

### CATERING SERVICES

1. Break Service
2. Meals

### PROGRAM PARTICIPATION

**Number of Days Program Held**

Indicate numbers attending your program each day based on these categories:

a. NCSU attendees: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
b. Non-NCSU/Government attendees: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
c. Exhibitors: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___

How did you hear about the Center? _Newspaper_ _Radio/TV_ _Direct Mail_ _Flyer_ _A Friend_ _Other, please specify___________________.

Please use the back of this form for additional comments(610,625),(856,708). We appreciate your comments, and we are striving to find new and better ways to serve you.

Program and Dates: __________________________
Program Coordinator or Instructor: __________________________
Form Completed by: __________________________

CR-F1
CATERER: ________________________________

TITLE OF PROGRAM: ____________________ DATE(S) OF CATERED FUNCTION: ______

DEPARTMENT/AGENCY/COMPANY SPONSOR: ________________________________

FUNCTION(S): Breakfast _____; Lunch _____; Dinner _____; Social _____; Break _____

A. Cooperation in planning catering functions: Excellent ____; Good ____; Fair ____; Poor ____

B. QUALITY OF FOOD: Excellent ____; Good ____; Fair ____; Poor ____

C. QUANTITY OF FOOD: More than adequate ____; Adequate ____; Insufficient ____

D. COMPLETENESS OF AGREED UPON MENU: More than ____; Same ____; Less than ____

E. ATTRACTIVENESS OF BUFFET SERVICE OR PLATED MEAL:
   Excellent ____; Good ____; Fair ____; Poor ____

F. TIMELINESS OF SERVICE: On time ____; Service late ____

G. HOT ITEMS SERVED HOT: Satisfactory ____; Unsatisfactory ____

H. COLD ITEMS SERVED COLD: Satisfactory ____; Unsatisfactory ____

I. APPEARANCE OF FOOD HANDLERS: Very neat/clean ____; Average ____; Unacceptable ____

J. PROFESSIONALISM OF FOOD HANDLERS: Very ____; Average ____; Below Average ____

K. REASON(S) FOR SELECTING THE PARTICULAR CATERER ________________________________________________________________________

L. ADDITIONAL COMMENTS: ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

Report prepared by: ______________________ Title: ______________________

Distribution: White: McKimmon Center/Canary: Caterer