Audio/Visual Services Event Feedback Form

Please respond to the following questions so we may continue to improve the quality of A/V Services. We use this information to evaluate our processes, improve training, and resolve any concerns you may express. All forms should be mailed to Aaron Sanford at Aaron.Sanford@arbor.edu Thanks for helping us!

Event Name:_____ Event Date:_____/____/_____
Event Contact:_____
Technicians:_____

Customer Service

1. Was your initial request handled well? ☐ Yes ☐ No ☐ N/A
2. Was it easy to place your request? ☐ Yes ☐ No ☐ N/A
3. Were the technicians ready before the event? ☐ Yes ☐ No ☐ N/A
4. Were the technicians dressed appropriately? ☐ Yes ☐ No ☐ N/A
5. Were the technicians helpful and professional? ☐ Yes ☐ No ☐ N/A
6. Any additional comments on Customer Service:

Technical Performance

1. Did A/V set-up interfere with your preparations? ☐ Yes ☐ No

2. Were there any technical difficulties during the event (i.e. audio feedback, projector cutting out, etc.)? ☐ Yes ☐ No
   If so, please specify.

3. Were you completely satisfied with the performance of the technicians (i.e. good mix, fast and expert response to technical difficulties, etc.)?
   ☐ Yes ☐ No
   If not, please specify.

4. Did you receive the equipment you expected? ☐ yes ☐ no

5. Were you completely satisfied with the quality of the equipment provided (i.e. sound system loud enough, projectors bright enough, etc.)? ☐ yes ☐ no
   If not, please specify.

6. Did the A/V teardown interfere with your event wrap-up? ☐ yes ☐ no

Please add any additional comments, thoughts, concerns, ideas, or needs you may have to help us succeed with future events: