

**UNIVERSITY OF NORTH TEXAS
CENTER FOR CONTINUING EDUCATION AND CONFERENCE MANAGEMENT**

Evaluation of CCECM Facility Reservation Services

In Section I, please circle the number corresponding to your satisfaction level with our services. Your comments would also be appreciated. Section II contains broader questions for your feedback.

Thank you for your help in our continuous improvement efforts.

Section I:	Poor	Fair	Average	Very Good	Excellent
1. Ease of reservation request:	1	2	3	4	5
Comments:					
2. Reservation accuracy:	1	2	3	4	5
Comments:					
3. Confirmation prepared accurately and in a timely fashion?	1	2	3	4	5
Comments:					
4. Was room unlocked, clean, and audio/visual equipment accessible?	1	2	3	4	5
Comments:					
5. CCECM employee's courteousness and professionalism?	1	2	3	4	5
Comments:					
6. Overall service from CCECM:	1	2	3	4	5
Comments:					

Section II: CCECM Customer Service Survey

7. What do you like about our services?

8. What would you change about our services?

9. What else would you like to tell us about CCECM's customer service?

OPTIONAL

Your Name: _____

Do you wish to discuss any of the items on the questionnaire? If so, your email address is: _____.