**Group Meeting / Event Satisfaction Survey**

**Courtyard Seattle Downtown Pioneer Square**

Meeting Name: .

Thank you for allowing us to host your recent event for your organization. Although we constantly strive to provide the highest quality of facilities and services, you are, after all, the ultimate judge of our success.

We ask that you please take a minute to fill out this form and return it to us. We hope to be of service to your organization again soon.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **N/A** |
| **SALES PHASE** |  |  |  |  |  |  |
| Sales associate(s) was easy to do business with |  |  |  |  |  |  |
| Returned calls/e-mails messages promptly |  |  |  |  |  |  |
| Contract was easy to read and understand |  |  |  |  |  |  |
| Sales associate understood your program |  |  |  |  |  |  |
| Do you feel your business is valuable to the hotel |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **EVENT PLANNING** |  |  |  |  |  |  |
| Overall service |  |  |  |  |  |  |
| Returned calls/e-mails messages promptly |  |  |  |  |  |  |
| Banquet event order was easy to read and understand |  |  |  |  |  |  |
| Event manager understood your program |  |  |  |  |  |  |
| Creativity in meeting/event planning |  |  |  |  |  |  |
| Knowledgeable about products & services |  |  |  |  |  |  |
| Did you feel your needs would be met upon arrival |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **EVENT STAFF** |  |  |  |  |  |  |
| Overall service |  |  |  |  |  |  |
| Treating you as a valued customer |  |  |  |  |  |  |
| Make you feel welcome |  |  |  |  |  |  |
| Being available when needed |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **FACILITIES** |  |  |  |  |  |  |
| Event facility overall |  |  |  |  |  |  |
| Accuracy of room setup |  |  |  |  |  |  |
| Condition of meeting space |  |  |  |  |  |  |
| Room temperature |  |  |  |  |  |  |
| Lighting |  |  |  |  |  |  |
| Quietness of room |  |  |  |  |  |  |
| Audiovisual equipment |  |  |  |  |  |  |
| On-site audiovisual staff |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **FOOD & BEVERAGE** |  |  |  |  |  |  |
| Overall food & beverage experience |  |  |  |  |  |  |
| Food & beverage staff service |  |  |  |  |  |  |
| Taste and quality of the food |  |  |  |  |  |  |
| Food & beverage timeliness |  |  |  |  |  |  |
| Food appearance |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **OVERALL EXPERIENCE** |  |  |  |  |  |  |
| How would you rate the overall experience at the  Downtown Pioneer Square Courtyard |  |  |  |  |  |  |
| Would you hold any future events at the  Downtown Pioneer Square Courtyard |  |  |  |  |  |  |

Please feel free to include any additional comments in the space provided below and/or the back of the survey.

Do you have any future events you would like to be contacted for? \_

Survey Completed By: Contact Phone Number: .