

Tell us how we're doing!

Please leave us a note about your experience at NC State Bookstores so that we may better serve you in the future. Your comments are appreciated!

A = VERY GOOD | D = VERY BAD

Staff was PROFESSIONAL

Staff was FRIENDLY

Staff was HELPFUL

Product SELECTION satisfied my needs

Sales floor was neat and WELL STOCKED

OVERALL I give this store a grade of

A	B	C	D
A	B	C	D
A	B	C	D
A	B	C	D
A	B	C	D
A	B	C	D

Additional Comments or Suggestions (use other side)



CROWNE PLAZA
IRVINE
THE PLACE TO MEET.

At Crowne Plaza Irvine we strive to exceed your expectations throughout each visit.
Please take a few seconds to tell us about your stay.

Based on your experience, please rate your satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Did Not Use
Friendliness of Staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to Your Needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service at Check-In.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Guest Room.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Attitude & Appearance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel Safety & Security.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Service Received at This Hotel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Physical Condition of This Hotel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value Received.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Would you recommend this hotel?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Priority Club Member?	<input type="checkbox"/>	<input type="checkbox"/>
Did everything in your room work?	<input type="checkbox"/>	<input type="checkbox"/>

If no, what items were not working? (Mark all that apply)

<input type="checkbox"/> Heater / Air Conditioning	<input type="checkbox"/> Phone / Internet	<input type="checkbox"/> Lighting
<input type="checkbox"/> TV / Remote / Radio	<input type="checkbox"/> Bathroom Facilities	<input type="checkbox"/> Other _____

Purpose of Stay?

<input type="checkbox"/> Pleasure	<input type="checkbox"/> Business	<input type="checkbox"/> Group Meeting / Event at Hotel
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Please tell us one thing that made a difference during your stay:

Outstanding Employees:

Name: _____ Room Number: _____

Date of Departure: _____ Group: _____

Dear Patient/Patient Family

The UCLA Department of Anesthesiology is pleased to have the opportunity to care for you. We would like to give you the best care possible. We would appreciate it if you could participate in the evaluation of our attending and resident physicians. Please take a moment to complete and return this evaluation to us.

Thank you.

Patricia A. Kapur, M.D.
Professor & Chair

Date of Surgery: _____

_____ Resident Anesthesiologist: _____

Patient/Patient Family

Strongly Agree Do Not Agree
5 4 3 2 1

Introduced him/herself
Courteous
Conducted him/herself in a professional manner
Explained anesthesia care plan and risks
Answered my questions

	5	4	3	2	1
Introduced him/herself					
Courteous					
Conducted him/herself in a professional manner					
Explained anesthesia care plan and risks					
Answered my questions					

Business Card Provided: _____ YES _____ NO

Comments:

Your name: _____
(optional)

PATRICIA A. KAPUR, M.D.
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University of California
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Los Angeles, CA 90095-7403

feedback

it's important to us!

EXCELLENT GOOD AVERAGE POOR TERRIBLE

Friendliness of our team

Timeliness of your meal

Quality and taste of your meal

Value of your meal

How likely is it that you would recommend Veggie Grill to a friend or colleague?

0 1 2 3 4 5 6 7 8 9 10

NOT AT ALL
LIKELY

NEUTRAL

EXTREMELY
LIKELY

Any additional comments or suggestions?

Meal Period: Lunch Dinner Date: _____

feedback

a gift for you!

Please complete the form below to sign up for GrillClub. We'll send you the latest news and information about Veggie Grill plus a FREE welcome gift just for joining!

*REQUIRED FIELDS

First Name* _____

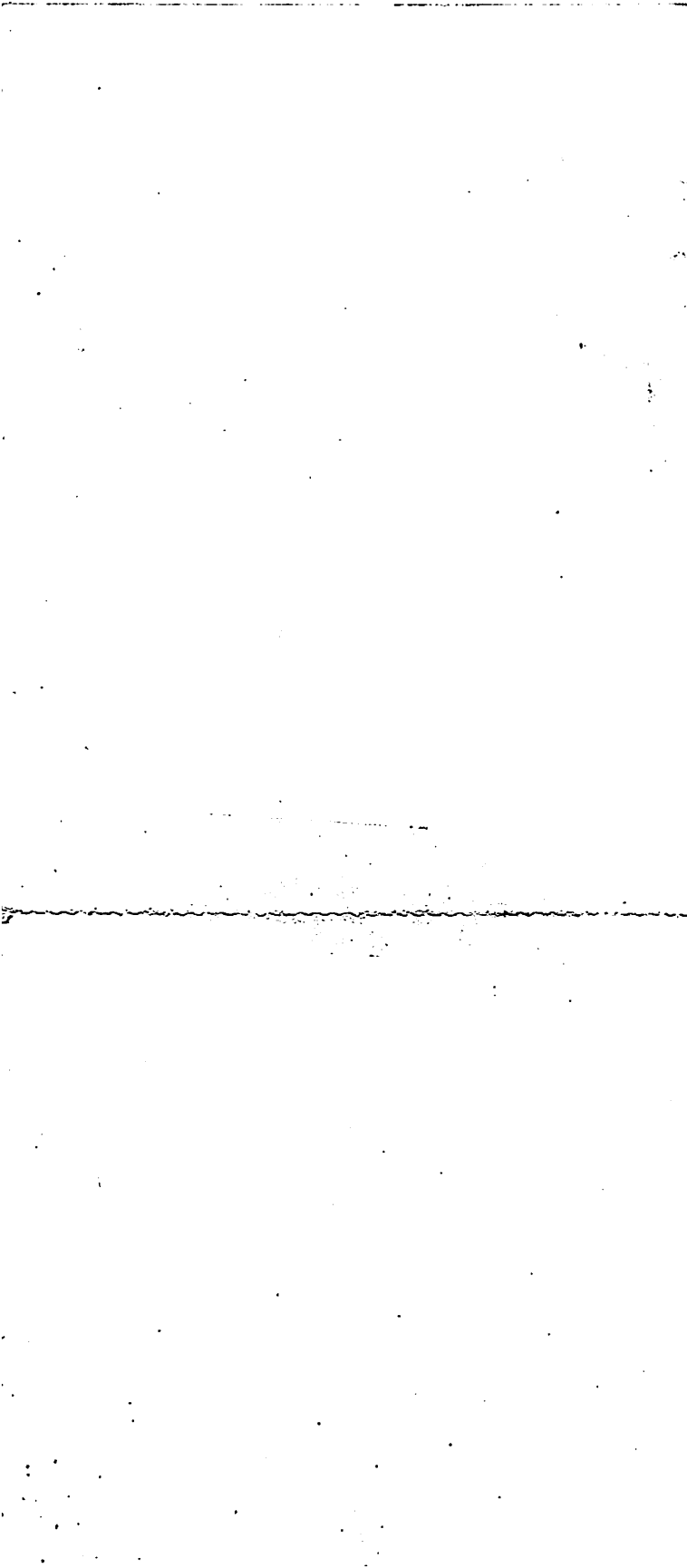
Last Name* _____

Email* _____

Zip* _____

Birthday* _____ / _____ / _____
MONTH DAY YEAR

We respect your privacy and will never share or sell your information. Must be 13 years or older to join/participate. By providing your email address you are opting-in to receive email from Veggie Grill. You may unsubscribe at any time.



Subject: tmobile text survey intro

Date: Friday, September 13, 2013 2:58:18 PM Pacific Daylight Time

From: Matt Micek

To: Micek, Matt

Free T-Mobile Message: T-Mobile would like your feedback! All texts sent/received are FREE. Q1/5 is on its way.
Thank you for your feedback.

Subject: tmobile text survey

Date: Friday, September 13, 2013 2:57:43 PM Pacific Daylight Time

From: Matt Micek

To: Micek, Matt

How likely are you to recommend T-Mobile to others? Reply with a number between 1 & 5 where 5 is 'Extremely Likely'.