## **Evaluation Form**

## DePaul University Office of Conference Services 1 East Jackson Suite 8003 Chicago, IL 60604

Phone: 312-362-8624 Fax: 312-362-5638

Date of Event:					
<b>Event Type:</b> ☐ Meeting ☐ Reception ☐	Lecture 🗅 Oth	er:			
Client Type: ☐ Student ☐ Internal (fac	ulty/staff) 🛭 Ext	ernal			
Event Location:					
Please rate the following areas as the		oventi			
riease rate the following areas as the	y relate to your	l event.		Below	
	Excellent	Very Good	Average	Average	Poor
Availability of room requested:					
Room set up:					
Cleanliness of your space:					
Quality of audio visual equipment:					
Quality/variety of catering:					
Overall Experience:					
Reservation/Event planning process:					
Friendliness/efficiency of staff:					
Please answer the following question  How was your room set up and details  What other services would you like to	? Was the door				ent time?
Do you intend on using the Office of C  Comments:	Conference Servi	ces for futur	e events?		
Comments:					

