

Thank you for doing business with us. Please take a moment to let us know how we are doing.

Would you recommend us to others? Yes No
Did we refer to you by name? Yes No

	Poor	Fair	Good	Very Good	Superior
1. How was our professionalism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. How well did we listen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. How well did we communicate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. What was the quality of our work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. How was your overall experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Which members of our staff did you have contact with? 2 great memory!?!

7. Additional Comments: _____

Name GAIL LAFOND (optional) Date 5/25/10