

BREAKFAST MEETING FEEDBACK FORM



YOUR FEEDBACK IS IMPORTANT TO US AND IT COULD WIN YOU A PRIZE.

DATE OF MEETING:	NAME: (OPTIONAL)
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BUSINESS NAME: (OPTIONAL)	GUEST OF: (OPTIONAL)
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DID YOU ENJOY AND / OR GAIN VALUE FROM TODAY'S MEETING?

YES

NO

COMMENTS:

HOW DO YOU RATE THE FOLLOWING?

1=POOR, 2=AVERAGE, 3=GOOD, 4=ABOVE AVERAGE, 5=EXCELLENT

GUEST SPEAKER
AGENDA / ORGANISATION
STARTING TIME OF FUNCTION
LENGTH OF FUNCTION
VENUE
CATERING

	1	2	3	4	5
GUEST SPEAKER					
AGENDA / ORGANISATION					
STARTING TIME OF FUNCTION					
LENGTH OF FUNCTION					
VENUE					
CATERING					

IF NOT ALREADY A MEMBER, WOULD YOU BE INTERESTED IN JOINING THE GROUP?

YES

NO

IF YES, PLEASE COMPLETE THE FOLLOWING DETAILS SO THAT WE CAN FORWARD A MEMBERSHIP APPLICATION FORM TO YOU.

NAME:

BUSINESS NAME:

ADDRESS:

EMAIL:

PHONE NUMBER:

MOBILE NUMBER:

IF NO, PLEASE PROVIDE REASONS WHY NOT (OPTIONAL).

WOULD YOU RECOMMEND THE HIGHFIELDS BETTER BUSINESS GROUP TO OTHER BUSINESSES?

YES

NO

IF NO, PLEASE PROVIDE REASONS WHY NOT (OPTIONAL).

IF THERE ARE ANY TOPICS YOU WOULD LIKE TO BE INCLUDED AT FUTURE BREAKFAST MEETINGS, PLEASE PROVIDE DETAILS BELOW.