

MicroSpine Medical Plaza Hotel Survey

Name of hotel: _____ City _____

Dates of your stay: _____

(Optional) Your name: _____

INSTRUCTIONS: Please rate your hotel stay. Circle the number that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that you may have experienced during your visit.

	Very Poor	Poor	Fair	Good	Very Good
1. The convenience of making telephone reservations.....	1	2	3	4	5
2. Did the hotel look the way you expected it to look	1	2	3	4	5
3. Courteously greeted at the front desk upon arrival.....	1	2	3	4	5
4. Was the room comfortable.....	1	2	3	4	5
5. Was the staff pleasant, well uniformed and willing to honor your requests.....	1	2	3	4	5
6. Did you feel safe.....	1	2	3	4	5
7. Was your room clean.....	1	2	3	4	5
8. Housekeeping services timely and efficient.....	1	2	3	4	5
9. Did you feel the hotel was a good price value.....	1	2	3	4	5
10. Will you recommend the hotel to a friend or business associate.....	1	2	3	4	5

OVERALL COMMENTS: Please use the space below to provide us with suggestions that you feel would help improve you stay at the hotel.

You may print and mail this form to MicroSpine at 101 MicroSpine Way, DeFuniak Springs, FL 32435 or you may fax it to us at 850.892.4212. We're interested in your opinion. Thanks!