

SURVEY THE TRIUMPH EXPERIENCE

YOUR NAME:

COMPANY NAME:

SHOW NAME:

E-MAIL OR PHONE #:

1. DID YOU RECEIVE THE CONTRACT FOR YOUR SHOW IN A TIMELY MANNER?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

2. WAS YOUR FLOORPLAN PROVIDED IN AN ACCURATE & TIMELY MANNER?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

3. WAS THE EXHIBITOR SERVICE KIT ACCURATE?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

4. PRIOR TO THE SHOW, WAS THE TRIUMPH STAFF RESPONSIVE TO YOUR NEEDS?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

5. WERE YOUR EXHIBITORS PLEASSED WITH THE SERVICE THEY RECEIVED?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

6. WAS TRIUMPH TIMELY IN RESPONDING TO YOUR INQUIRIES AND CONCERNS?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

7. IN GENERAL, HOW WOULD YOU RATE THE PERFORMANCE OF TRIUMPH SHOW FLOOR EMPLOYEES?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

8. HOW WAS THE OVERALL CONDITION OF THE CARPET?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

9. HOW WAS THE APPEARANCE OF THE FURNITURE & ACCESSORIES?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

10. AT SHOW SITE, WAS THE TRIUMPH STAFF EASILY ACCESSIBLE TO PROVIDE SOLUTIONS FOR ANY ISSUES THAT AROSE?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

11. WAS YOUR SIGNAGE RECEIVED IN A TIMELY MANNER? WAS THE PROOFING PROFESSIONAL?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

12. OVERALL, HOW WAS YOUR EXPERIENCE WITH TRIUMPH?

EXCELLENT GOOD AVERAGE NEEDS IMPROVEMENT N/A

MAY WE USE YOU AS A REFERENCE? IF SO, PLEASE FILL IN THE INFORMATION BELOW. THANK YOU.

YOUR NAME:

YOUR COMPANY NAME:

YOUR COMPANY ADDRESS:

CITY:

STATE:

ZIP:

PHONE #:

ADDITIONAL COMMENTS:

THANK YOU! YOUR FEEDBACK REALLY MATTERS TO US.