

# Survey

Thank you for your interest in being part of MAFAC's Exhibit program.

We need your feedback in order to make this process as easy as possible. We would like to know where we can make improvements. Please answer the questions below and return it to MAFAC.

Name (Optional) \_\_\_\_\_

When did you submit your Application (month/year)? \_\_\_\_\_

Ease of use:

**How easy was it to download and fill out the application?**

*On a scale of 1 (very difficult) to 10 (really easy)*

\_\_\_\_\_

**How easy was it to gather the information needed?**

*On a scale of 1 (very difficult) to 10 (really easy)*

\_\_\_\_\_

**How easy was it to upload and submit your information?**

*On a scale of 1 (very difficult) to 10 (really easy)*

\_\_\_\_\_

**What is your experience with computers and working online?**

*On a scale of 1 (very little) to 10 (I do everything online)*

\_\_\_\_\_

How did you find out about MAFAC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Options for returning this form to MAFAC:

By mail to MAFAC, PO Box 531, Marshall MN 56258 (for anonymity, use this method)

Drop off at MAFAC, 109 N 3<sup>rd</sup> St., Downtown Marshall, Minnesota

Email to [marts277.a451f05@m.evernote.com](mailto:marts277.a451f05@m.evernote.com)

