



CAPITOL SQUARE REVIEW AND ADVISORY BOARD

Special Events Survey

Thank you for choosing the Ohio Statehouse for your special event. Please help us maintain unsurpassed quality by taking a moment to complete this survey. Your honest opinion is critical to the success of future events held at Ohio's most beautiful historic landmark!

1. How did you learn about hosting a special event at the Ohio Statehouse?
 - Attended an event as a guest
 - Web site
 - Suggestion from a colleague/word of mouth
 - Printed publication – Name of publication: _____
 - Other _____

2. Did staff provide tour information, gift and party favor ideas available from the Museum Shop, or parking options in the garage?

| | | |
|------------------|------------------------------|-----------------------------|
| Tours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gift Information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parking Options | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CSRAB Special Events Staff

Please rate your experience where 1 = poor and 5 = excellent

3. Service Delivery:

| | | | | | |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Overall service delivery | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Easy to contact | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Explanation of procedures | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Explanation of rules | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. Scheduling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

4. Equipment, set up, and service:

| | | | | | |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Suitability for group size | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Accuracy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Timeliness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

5. Overall satisfaction of event

| | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

Catering

If your event included catering, please complete questions 6-9. If not, please continue to the comments section at the end and follow the instructions to submit your survey.

The Statehouse has seven exclusive caterers to service events at the Statehouse. Please complete the following questions regarding your experience working with the caterer(s) who served your event.

6. Which caterer(s) served your event?
- a. Milo's Catering and Banquet Services
 - b. Milo's Catering and Banquet Services (Bar only)
 - c. Catering By Design
 - d. Creative Cuisine
 - e. Gem Catering
 - f. Metro Cuisine Catering & Special Events
 - g. Sheraton Columbus at Capitol Square
 - h. SPAGIO Catering
 - i. Two Caterers

If you do not know or if the question does not apply, please write "N/A":

7. Placing your catering order:
- a. Explanation of procedures 1 2 3 4 5 N/A
 - b. Ease and convenience 1 2 3 4 5 N/A
 - c. Menu selections 1 2 3 4 5 N/A
 - d. Presentation of options 1 2 3 4 5 N/A

8. Quality of catering service during your event:
- a. Presentation 1 2 3 4 5 N/A
 - b. Accuracy 1 2 3 4 5 N/A
 - c. Timeliness 1 2 3 4 5 N/A
 - d. Value (cost/quality/quantity/presentation) 1 2 3 4 5 N/A
 - e. Table linens and tableware 1 2 3 4 5 N/A
 - f. Availability of staff for assistance 1 2 3 4 5 N/A
 - g. Friendly service 1 2 3 4 5 N/A

9. Overall catering experience 1 2 3 4 5 N/A

Comments:

Please provide comments on any low ratings (three or less). Please also elaborate on any area of your experience which might help us improve future service. If you need more space, please use additional pages.

To submit your survey:

You may enclose your completed survey along with your invoice payment or send it directly to:
William E. Carleton, Executive Director, CSRAB, 1 Capitol Square, Columbus, OH 43215
Fax: 614/752-5209