



# QUESTIONNAIRE

## RENO EXHIBITOR SERVICE

### EXHIBITOR INFORMATION

Exhibitor \_\_\_\_\_

Convention \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Facility \_\_\_\_\_

Booth No. \_\_\_\_\_

DID YOU HAVE A GOOD INSTALLATION AND/OR DISMANTLE TEAM?

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WERE YOU SATISFIED WITH THE PERFORMANCE OF RENO EXHIBITOR SERVICE?

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WOULD YOU RECOMMEND LASER TO OTHERS?

Absolutely  Yes  Maybe  No

COMMENTS/SUGGESTIONS

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Thank you for your time in filling this out. We appreciate the feedback. We hope to be your service provider choice in the future.

**SUBMIT**