EVENT FEEDBACK FORM

WE WOULD APPRECIATE A FEW MINUTES OF YOUR TIME TO COMPLETE THIS EVENT FEEDBACK FORM. FROM THIS, WE CAN MAKE SURE WE ARE ALWAYS HELPING TO IMPROVE YOUR REDEMPTION RATE.

Event Name

Event Date

Your Name

Refund Point Operator Engaged

Refund Point Operator Contact Name:

HOW POSITIVE WAS YOUR EXPERIENCE WITH CONTAINERS FOR CHANGE?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
had a positive experience with Containers for Change					
am likely to engage Containers for Change in my future events					
am satisfied with the amount of containers I have collected at this event					
There was minimal contamination ie. non-scheme containers) inside our bins					
was satisfied with the communication between myself and my chosen Refund Point Operator					
am likely to choose to work with this Refund Point					
Operator at my next event					
PLEASE TICK ONCE IN EACH ROW TO	ANSWER THE I	FOLLOWING	QUESTIONS.	Yes	No
	ANSWER THE I	FOLLOWING (QUESTIONS.	Yes	No
PLEASE TICK ONCE IN EACH ROW TO A			QUESTIONS.	Yes	No
Did you have enough bins for your event?	llow co-mingle bins	?	QUESTIONS.	Yes	No
Did you have enough bins for your event? Were your bins placed beside the red landfill and ye	llow co-mingle bins	?	QUESTIONS.	Yes	No
Did you have enough bins for your event? Were your bins placed beside the red landfill and ye Did you receive the amount of containers you were e	llow co-mingle bins expecting or more? in attendance?	?	QUESTIONS.	Yes	No

FEEDBACK

Do you have any suggestions of how Refund Point Operators could improve their event participation?

Do you have any suggestions of how Containers for Change could improve their event participation?

Do you have any additional comments?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM!