

Fluke Workshop feedback form

Help us continue to provide quality information and training to our customers and partners by taking a few minutes to respond to this survey.

Please print clearly.



Event date: _____

Event location: _____

Presenter: _____

1. Why did you attend this Fluke event? (Check one)

- Product training
- Application training
- Hands-on experience
- Other: _____

2. Which of the following best describes you? (Check one)

- Maintenance technician
- Electro-mechanical technician
- Electrician
- Other: _____

3. Please rate the following: (Place an X in the appropriate column)

	Below expectations		Exceeded expectations		
	1	2	3	4	Comments
Presenter					
Workshop content					
Handout materials					
Hands-on experience					
Overall					



Thank you for completing this form! We appreciate your comments and will use them to continually improve our workshops.

4. How did you find out about this event? (Check one)

- Distributor sales representative
- Fluke sales representative
- Distributor website
- Fluke website
- Other: _____

5. Has this event affected your intentions to purchase a Fluke tool? (Check one)

- More likely
- Same
- Less likely
- Already own the Fluke tools presented in this workshop.

6. May we use your comments to promote or advertise our events?

- Yes
- No

If yes, sign and date here: _____

Comments: _____

Complete the portion below for entry into a raffle for Fluke prizes immediately following this workshop:

Name Title _____

Company _____

Phone _____ Email _____