

# MANITOBA OUTDOORS SHOW FEEDBACK SURVEY



**Thank you for your feedback & involvement in the show!**

We're so grateful for your support this year at the Manitoba Outdoors Show. We've created this survey to get your feedback so that together we can keep improving this event.

**Please rate the following from 1-5 with 1 being POOR and 5 being EXCELLENT.**

- |                                       |                            |                            |                            |                            |                            |
|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Organization/Show Management       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. Load In/Set Up                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. Venue (Red River Exhibition Place) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Show Promotion                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Attendance                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Cost of Booth                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. Show Hours                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 8. Show Dates                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 9. Food & Beverage Service            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 10. Leads Generated and/or Sales      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 11. Overall Show Experience           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**What activities, companies, or organizations not represented would you like to see at the show?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What would you do to improve the show?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Additional Comments - Use back side if necessary**

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**Company Name** \_\_\_\_\_