



Demonstration Evaluation Form

(Use 1 form per attendee)

Demonstrator: _____

Venue: _____

Date: _____ **Time:** _____

Smith Equipment Demonstrated (please check):

- SPS8 FS200 FS050 LNX8 _____
 SPS10 FS209 FS150 X3
 EZOFF FS300 MV5 LLR

Attendee Name: _____

Email: _____

Title: _____

Phone: _____

1) Please rate the above demonstrator:

Poor												Excellent
	1	2	3	4	5	6	7	8	9	10		

Comments:

2) Please rate the Equipment Demonstrated overall:

Poor												Excellent
	1	2	3	4	5	6	7	8	9	10		

Comments:

3) Did this demonstration meet your expectations:

Poor												Excellent
	1	2	3	4	5	6	7	8	9	10		

Comments: