

ATC Meeting – Northern Umbrella Plan Meeting Tuesday, July 19, 2005

Thank you for attending today. We hope that you found the meeting to be informative and interesting. Your feedback is very important to us and we hope that you will take a few moments to offer your comments. Please complete the form below and return.

1. How did today’s meeting meet your expectations? Using a scale from 1 to 10, where 1 means “not at all satisfied” and 10 means “extremely satisfied,” please check the corresponding box.

Not at all Satisfied <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	Extremely Satisfied <input type="checkbox"/> 10
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Please tell us why you gave that rating.

2. Please select which agenda items were most useful or least useful to you? Please check all that apply and add additional comments for each item.

Agenda Item	Most Useful	Least Useful	
Issues	<input type="checkbox"/>	<input type="checkbox"/>	Comments:
Northern Umbrella Plan Benefits	<input type="checkbox"/>	<input type="checkbox"/>	Comments:
Plan Update & Project Status	<input type="checkbox"/>	<input type="checkbox"/>	Comments:
Q & A / Wrap-Up	<input type="checkbox"/>	<input type="checkbox"/>	Comments:

3. Please rate the presentations on a scale of 1 to 10, where 1 is “not at all satisfied” and 10 is “extremely satisfied.”
Not at all satisfied ←————→ Extremely Satisfied

Issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Northern Umbrella Plan Benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Plan Update & Project Status	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Q & A / Wrap-Up	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

4. What topics would you suggest for future meetings?

5. How could we improve future meetings?

6. Was the meeting location convenient for you?

Yes No Why or why not?

7. How often should these meetings be held?

Monthly Quarterly Biannually Annually

8. Thinking about ATC in general, what do you think about the customer service you are receiving from ATC? Using a scale from 1 to 10, where 1 means “not at all satisfied” and 10 means “extremely satisfied,” please check the corresponding box.

Not at all Satisfied 1	2	3	4	5	6	7	8	9	Extremely Satisfied 10
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Please tell us why you gave that rating.

9. Please provide any additional comments.

Thank you for sharing your time and thoughts with us!

NAME: (Optional) _____