



Wedding Planner 808

906 B Naopala Lane, Honolulu, Hawaii 96819

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CLIENT EVALUATION OF SERVICES

Dear Client,

We would like your feedback! In a continuing effort to offer our future clients the highest quality of customer service and the best overall experience with **Wedding Planner 808**, we ask that you complete this evaluation form to help improve our services. Our mission is to improve every phase of our service. Your answers will be kept anonymous unless you choose otherwise. We place the utmost value on our relationship with you, and thank you for your continuing support! Please check mark all that applies and please provide any comments and suggestions that you feel may better service our future clients! There are five sections to complete the entire evaluation.

Should you have any questions or require additional information regarding completing this evaluation forms, please feel free to contact me at (808) 349-1983 or (808) 352-1507 via email at marie@weddingplanner808.com. **Sincerely, Wedding Planner 808**

Name (optional): Shirley Molina Date of Service: 09-04-2005

Address: _____ City: Waipahu State: HI

Wedding Ceremony: Central Union Church Atherton Wedding Location: Pacific Beach Hotel

Type of Service Provided:

- Platinum Package:** Full Service A to Z Wedding Planning Service
- Gold Package:** 2-Day Rehearsal and Wedding Day Coordination
- Silver Package:** 1-Day Wedding Ceremony & Reception Coordination
- Bronze Package:** Ala Carte (Research, Planning, Consulting, Coordination)

SECTION I – HOW DID YOU HEAR ABOUT US?

1. How did you hear about **Wedding Planner 808**? (Please check mark the appropriate box)
 - a. Bridesclub.com referral: Website Advertisement Emailed Offer
 - b. Referral from a former client: Family Friend Other: _____
 - c. Referral from other than client: Family Friend Other: _____
 - d. Hawaii Bridal Expo: Did you visit our booth? Yes No Date: July 2005
 - e. Internet Search Engine: Yahoo Google MSN MySpace AOL
 - f. Hawaii Bride & Groom Magazine: Article Advertisement Promotion
 - g. Vendor: Word of Mouth Brochure Business Card Who? _____
 - h. Newspapers: Honolulu Star Bulletin Midweek MidWeekend
 - Oahu Star Hawaii Marine Other: _____

PLEASE RATE THE FOLLOWING SECTIONS ON THE FOLLOWING SYSTEM

EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	N/A
5	4	3	2	1	0

SECTION II – PRE-PLANNING CUSTOMER SERVICE

(Please check mark the quality of service that you have received with the following areas for each line)

A. Phone Etiquette:

	5	4	3	2	1	0
1. Sincere greeting and proper introduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tone of voice and enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication comfortable and easy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Return of calls in a timely manner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Appointment scheduling convenient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sincere conclusion and length of call efficient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Email Correspondence:

	5	4	3	2	1	0
1. Information provided was easy to read	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Written confirmation of verbal discussion helpful	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Easy to read and well written	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Corresponds in a timely manner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Meetings/Presentations:

	5	4	3	2	1	0
1. Prompt for meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Meeting informative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Meeting times scheduled in timely manner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Agenda of meeting explained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Met within scheduled time allotted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dressed appropriately for meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Hawaii Bridal Expo:

	5	4	3	2	1	0
1. Booth decoration was appropriate for presentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff was dressed appropriate for presentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Informative/knowledgeable regarding services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Customer service (attitude and welcoming)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Website:

	5	4	3	2	1	0
1. Informative regarding services provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. User friendly in regards to navigating the website	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Always up to date when you return for visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Suggestions:

SECTION III – EVENT COORDINATION:

(Please check mark the quality of service that you have received with the following areas for each line)

A. Coordinator and Staff's Competencies:	5	4	3	2	1	0
1. Displayed professional coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Planning & researches resources with ease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Knowledge of traditions, trends and etiquettes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Organizational skills demonstrated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follows through with details	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appearance & dressed appropriately for occasion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Customer Service:	5	4	3	2	1	0
1. Service oriented and accommodating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Respond time for any request in a timely manner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Listened closely to my concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Responded appropriately to my concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Teamwork and Overall Energy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall Customer Service Experience for Coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Timeline:	5	4	3	2	1	0
1. Timeliness of service and on-track with schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speed and sense of urgency for completion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Follow(s) up with me to assess timeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Makes appropriate changes to timeline as it applies to the location, layout and timing of each event description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Vendors:	5	4	3	2	1	0
1. Communicates well with vendors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Confirms schedule with vendors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Calls vendors regarding questions or concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Referred competent vendors when services are required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What was your favorite part or highlight of the coordination for each section listed below:

Rehearsal: Signaled entourage when it was their turn, prospective decorations

Ceremony: Signaled entourage when it was their turn and majority of ceremony coordination

Reception: Able to accommodate guests wait and arrival in long receiving line, beautiful decorations, chair cover assistance of placing, counting and re-packing, great coordination with MC ,entertainers and vendors. Very personable with family and guest members, impressive timeline, I can't find just one particular favorite because all the coordination and help was the highlight of it all. I just want to say everything. The reception went perfectly well and no complaints whatsoever, and no dull moment or embarrassment except the long wait for my guests only cause it was my fault for keeping them waiting. I took my sweet time to come down.

SECTION IV – OVERALL EXPERIENCE:

A. Please rate in order of most important to you:	5	4	3	2	1	0
1. Excellent customer service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Excellent coordination reputation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Variety of services under one roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Integrated Services (Planning, Research, Consultation, and Coordination)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. On-time service timeline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Value cost for services was a good investment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Personal attention & client/coordinator relationship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or Suggestions: (Please complete the following in sentences)

What percentage of the success of your event would you say did Wedding Planner 808 was responsible for? The reception

Would you please use the space below to summarize in a few sentences your feelings on how your event turned out and your overall experience with us? The wedding was perfect, especially the reception, I was more than satisfied with the whole coordination of the reception, my coordinator called the shots so that I could just enjoy the night with guests. If only I could renew my vows every year, I would definitely do it and with the wise choice of a makeup artist. Never ever change vendors unless you learned of a major screw up even if it's a \$20.00 difference....a lesson learned!

Is there any aspect of your experience with Wedding Planner 808 you would like to discuss personally with us? She was very personable which made me able to express what I wanted and able to say what was going on ...a great experience overall~

SECTION V – REFERRAL SERVICES

To help promote our business, please let us know if you are interested in being apart of our promotional releases and/or advertising (Please check mark your answer with a **yes** or **no**)

- May we show your comments or letter of commendation to clients? Yes No
- May we give your phone number to prospective clients? Yes No
- May we quote you in advertising literature? Yes No
- Would you be comfortable recommending us to friends and relatives? Yes No

If you said yes to any of the above, would you like to attach any of the following?

- Letter of commendation
- Engagement or wedding ceremony & reception photos for advertising
- Multi-media and photo release with pictures
(Appearances, Magazine, Website, Flyer, Brochure, Newspaper, Bridal Expos, etc.)
- Names, addresses, and phone numbers of anyone you know that might be interested in our services.

Please indicate which areas you are interested in or would like to learn more about (check as many as apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Anniversaries | <input type="checkbox"/> Bridal Showers | <input type="checkbox"/> Holiday Parties |
| <input type="checkbox"/> Baby Showers | <input type="checkbox"/> Company Parties | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Bachelor Parties | <input type="checkbox"/> Facial and Glamour | <input type="checkbox"/> Reunions |
| <input type="checkbox"/> Bachelorette Parties | <input type="checkbox"/> Makeover Party | <input type="checkbox"/> Renewal of Vows |
| <input type="checkbox"/> Baby Birthdays (1 – 5) | <input type="checkbox"/> Graduation | <input type="checkbox"/> Teen Birthdays |
| <input type="checkbox"/> Baptismal/Christening | <input type="checkbox"/> Hawaiian Luau | <input type="checkbox"/> Themed Parties |

We are committed to providing all our clients the privacy they deserve.

Only with your permission to showing your comments to a prospective client will this form be used. Also with that in mind if you allow us to quote you in advertising literature we will not use any last names.