

**Feedback Form- Advisory Services**

(Note: The feedback provided here is kept confidential by Venture Center. Our advisors are only provided compiled feedback at the end of the Calendar Year without reference to the person providing the feedback)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give us your feedback on the Advisory Session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
|  | Poor | Fair | Good | Very good | Excellent |
| **Venture Center Evaluation** |  | | | | |
| Did the VC Team understand and define your needs well? |  |  |  |  |  |
| Was the session organized in a timely manner? |  |  |  |  |  |
| Was the background of the advisor and his/her expertise relevant to your needs? |  |  |  |  |  |
| **Advisor Evaluation** |  | | | | |
| Was the guidance provided useful? |  |  |  |  |  |
| Was the advisor friendly and helpful? |  |  |  |  |  |
| Quality of experience and insights of the advisor |  |  |  |  |  |
| Clarity in forward path discussed and decided |  |  |  |  |  |
| Overall score for advisor |  |  |  |  |  |

Would you want to interact with Advisor again for his/her professional advice? Y/N

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| --- |
| Any other feedback? |