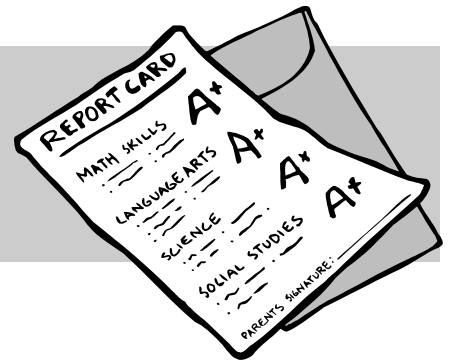


Brochure and Registration Services

REPORT CARD



► How did you find out about our programs & services?

- Website by... Search Engine City of Irvine main site IrvineQuickReg.org address
 Brochure by... Mail Picked up at site Requested Other _____
 Facility or City staff Location: _____
 Friend Who can we thank for the referral? _____
 Other _____

► How do you prefer to receive information about our classes?

- In-home (printed version, mailed to your home)
 On-line (downloading or browsing on your computer)

► How did you register?

- On-line Touch-Tone Fax Mail Walk-in

► Please grade our performance (circle our grade).

A (excellent), B (good), C (fair), F (needs improvement), N/A (Not applicable)

- | | | | | | |
|---|-----|---|-------|---|-----|
| 1. Ease of registration | A | B | C | F | N/A |
| 2. Courtesy of registration staff | A | B | C | F | N/A |
| 3. Information or alternatives provided | A | B | C | F | N/A |
| 4. Overall registration experience | A | B | C | F | N/A |
| 5. Will you enroll in classes again? | YES | | MAYBE | | NO |

► Date of contact _____ ; Staff Member (optional) _____

► Additional comments/suggestions: _____

May we quote you in our brochure or on the Website? YES NO

Name (Optional): _____

Thank you for taking the time to complete this survey.

Please return to: Fax: 949-724-6608
Mail: CS-Registration, PO BOX 19575, IRVINE CA 92623-9575
Email: To e-mail this form, please click this button

PR-mail/fax/web 11.04