



# Food Allergy Course Evaluation

Date:

Customer Name:

Address:

State/Province:

Zip/Postal Code:

Food Manager Testing LLC  
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Oviedo, Florida  
USA  
32765  
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Fax: 321-765 - 4384  
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email

**Please tell us how you felt about our course?**

**How can we improve the delivery of the course?**

**Was there anything you thought was missing from the course?**

**How do you rate us with respect to our competitors?**

**What is your perception of the pricing for the products / services we provide you?**

**In what ways should we improve our products / services, or our delivery to you?**

**How can we improve the quality of the products / services we provide you?**

**Any thoughts you'd like to share with our organization on how we can serve you better:**