| DATE         |  |
|--------------|--|
| ROOM NUMBER  |  |
| NAME SURNAME |  |
|              |  |



www.nurkonak.com

| NUR KONAK CUSTOMER SATISFACTION SURVEY FORM                                    |  |
|--|--|
| * Did you like the facility and the service you received?                      |  |
| □ Yes □ No   |  |
| * Was the hotel representative solution and smiling?                           |  |
| □ Yes □ No   |  |
| * Were any of the services you requested performed within the required time?   |  |
| □ Yes □ No   |  |
| *Would you like to come and stay in NUR KONAK again?                           |  |
| □ Yes □ No   |  |
| *Is there a policy for Sustainable Tourism?                                    |  |
| □ Yes □ No   |  |
| * Was waste management implemented perfectly?                                  |  |
| □ Yes □ No   |  |
| *Are local/regional places introduced during your stay?                        |  |
| □ Yes □ No   |  |
| *Are information for Sustainable Tourism presented transparently?              |  |
| □ Yes □ No   |  |
| * If you have any thoughts you want to share about the facility, can you share |  |
| them with us?  |  |
|  |  |
|  |  |