

FEEDBACK

DEBRIEFING QUESTIONNAIRE

YOUR INFORMATION

Your Name: _____

Hotel You Represent: _____

Business Address: _____ City: _____

Province: _____ Postal Code: _____

Email: _____ Telephone Number: (____) ____ - _____

MEETING INFORMATION

Name of candidate that you met with: _____

Constituency: _____ Date of Meeting: _____

Political Party: _____ Duration of Meeting: _____

I found this individual to be:

Knowledgeable of the issues facing Canada's hotel industry:	Yes	No
Supportive of our key messages:	Yes	No
Interested in more information:	Yes	No

Additional Comments:

Please complete and return by e-mail to mpiaseczny@hotelassociation.ca.