



Dear Guest,

We are committed providing you with Lato hotel hospitality. Please take a moment to evaluate our effectiveness and let us know how we can improve our selves to serve you in a better way. We hope that you will give us your address, to be easy for us to send you a brochure, new prices or a special offer.

● **HOW DO YOU RATE OUR STAFF:**

| | Very good | Good | Fair |
|-------------------------|--------------------------|--------------------------|--------------------------|
| Front desk Receptionist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breakfast servers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bar / snack bar server | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Night server | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

● **HOW DO YOU RATE CLEANLINESS AT:**

| | Very good | Good | Fair |
|---------------|--------------------------|--------------------------|--------------------------|
| Guest rooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lounge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smimming pool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

● **HOW DO YOU RATE THE QUALITY AND SELECTION OF FOOD SERVED:**

| | Very good | Good | Fair |
|--------------|--------------------------|--------------------------|--------------------------|
| In breakfast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In snack bar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

● **HOW DO YOU RATE THE FACILITIES IN:**

| | Very good | Good | Fair |
|-------------|--------------------------|--------------------------|--------------------------|
| Guest rooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lounge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

● **HOW DID YOU FIRST HEAR ABOUT US:**

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Been before | Word of mouth | Travel agent brochure | Internet advertising | Positive reports | Guide book |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any other suggestions or comments which would help us make your next visit more enjoyable?

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IF YOU DON'T MIND PLEASE WRITE IN CAPITALS YOUR NAME AND YOUR E-MAIL ADDRESS

We promise to keep your personal details safe and not share them with others.

Your name: Mr. Ms.

e.mail:

Departure date:

Room number:

PLEASE LEAVE THIS IN YOUR ROOM BEFORE YOUR DEPARTURE