



Agawam Small Business Assistance Center

CLIENT SURVEY- JANUARY 2006

Business Name (if applicable) _____

Description Of Business _____

First Name _____ Last Name _____

Address _____

Town _____ State _____ Zip _____

Telephone _____ Cell _____ Email address _____

How long have you been in business? _____

Did you ask for counseling service(s) from ASBAC? YES NO

If yes, did you receive them, and were they adequate, and of use to you? YES NO

If no, would you like us to contact you to arrange counseling services? YES NO

ASBAC regularly presents workshops on a variety of topics of interest to the business community.
Have you attended any of these? YES NO

If yes, please comment on their usefulness to you _____

Would you like us to notify you of future workshops? YES NO

Finally, we hope your experience with the Agawam Small Business Assistance Center has been positive. Please share a few comments with us about our services:

Signed _____

Date _____

Thank you for taking the time to complete this form. Please return it to us in the enclosed self-addressed stamped envelope.