



**SOUDER, BETANCES & ASSOCIATES, INC.**  
DIVERSITY TRAINERS AND CONSULTANTS

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# SERVICE EVALUATION FORM

for CONTRACT #:

Thank you for engaging Dr. Betances' services. Please take the time to answer the following questions. Your honest response will allow us to better serve our clients in the future.

Event:  
Date of Presentation:

Did Dr. Betances' presentation meet your best expectations? Please explain.

  
  
  
  
  
  
  
  
  
  

Suggestions for improvement?

  
  
  
  
  
  
  
  
  
  

**EVALUATOR**

Name:  
Title:

May we quote you?     Yes     No

Signature: