

Pre-Visit Customer Questionnaire

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|-----------------|--|-------------------|--|
| Company Name | | Your Name | |
| Date of Arrival | | Date of Departure | |

kA Testing Facility are committed to excellent customer service. So we can get to know you a little better we would like to find out a few things about you. Throughout your visit we will provide light refreshments and lunch at the testing facility. Please provide us with the following information in order for us to prepare for your visit:

Special dietary requirements

- None
- Vegetarian
- Vegan
- Other (please specify)

Will you require a prayer room for your visit?

- Yes
- No

To make your stay in the local area more enjoyable, would you like us to provide you with information about what's on in our local area, theatre listings etc.?

- Yes
- No

Would you like us to provide you with a list of local restaurants?

- Yes
- No

Please e-mail or fax the form back to us to (alh@ka-testing.com and fax number +44 (0)115 9702106) once complete. Please don't hesitate to contact us if we can be of any further assistance.