



# Visitors Survey

1. What is your name? (optional)

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2. How did you first hear about Art Beyond Boundaries? Check all that apply:

- |                                    |                                                  |                                                     |
|------------------------------------|--------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website                 | <input type="checkbox"/> Other; if so, what was it? |
| <input type="checkbox"/> Brochure  | <input type="checkbox"/> Family Member or Friend | _____                                               |
| <input type="checkbox"/> Email     |                                                  |                                                     |

3. Is this your first visit?    Y    N

4. Do you find the overall gallery presentation attractive?    Y    N

5. Do you anticipate making an art purchase from the gallery in the future?    Y    N

6. Did you purchase anything from our gift shop area?    Y    N

7. How would you rate your overall experience at Art Beyond Boundaries?

1 = Excellent    2 = Good    3 = Average    4 = Poor    5 = Undecided



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