

Tell us about your visit

Date of your visit _____

Time of your arrival _____

Please tell us how satisfied you were with your experience:

(please check applicable box)

Our staff

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Not satisfied
- ☐ Not at all satisfied

Our Facilities (dining, accessibility, restrooms)

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Not satisfied
- ☐ Not at all satisfied

Finding your way around

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Not satisfied
- ☐ Not at all satisfied

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Your Experience

Do you have any suggestions or observations about your visit today?
Please let us know here.

What one word comes to mind when you reflect on your visit today?

Name

Address/ Email

Are you a Member of the Metropolitan Museum of Art?

Yes, my ID number is

- ☐ No, I am not a Member at this time.
☐ If you would like a response, please check this box.

Thank you for your time.

By collecting your feedback and comments, The Metropolitan Museum of Art can continue to enhance its services for future visitors.

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Staff use only