



Your feedback is important to us. TIFF is committed to meet the diverse needs of our visitors. All comments, questions and concerns will be responded to within 7 days. Thank you for your time.

Email address

Name

AM / PM

Date of your visit (yyyy-mm-dd)

Time of your arrival

Please tell us how satisfied you were with your experience with the following:

	Very dissatisfied 1	Dissatisfied 2	Neutral 3	Satisfied 4	Very satisfied 5
Our Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our facilities (cinemas, concessions, box office, dining, accessibility, restrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your experience with finding your way around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any comments or suggestions?

Are you a TIFF Member?

YES NO

Would you like a response by email?

YES NO