

White Wolf Wolf Pack Demo Team



VERIFICATION FORM

Thank you for allowing the Wolf Pack Demo Team a chance to come to your store/convention. Please take a moment to answer this questionnaire to help us offer better demos in the future.

Demo Team Name: _____

Store Name/Convention: _____

Address: _____

Contact Name: _____

E-mail: _____

Phone: _____ Fax: _____

Date of demo: _____ Demo Hours: _____ # of Demos: _____

of Pack Members: _____ # of Participants: _____

Which game did the Wolf Pack Demo? _____

Did the participants enjoy themselves? _____

Were you satisfied with the demo? Anything that needs improvement?

Did you make any sales directly connected to the demonstration? _____

“5” being the best and “1” being poor, rate the Wolf Pack’s performance:

Promptness	1	2	3	4	5	Enthusiasm	1	2	3	4	5
Professionalism	1	2	3	4	5	Effectiveness	1	2	3	4	5
Appearance	1	2	3	4	5						

Contact Us: wolfpack@white-wolf.com Fax: 678-382-3883