Name:

First Name   Last Name

Email:

ex: myname@example.com

When did you
complete Bootstrap
Bootcamp?

10 – 13 – 2015

Month   Day   Year

What does Bootstrap
Bootcamp mean to
you? *

What's life like now
that you have
completed the
course? *

What was your
favorite part of
BootstrapBootcamp?
*

Were your
expectations met? *

○ Yes

○ No

Did you sign up for the online class? *

○ Yes

○ No

What kind of help do you need now? *

[text area]

Was the class too long or too short? *

○ Too long

○ Too short

○ Just right

How much do you think this class is worth? *

[text field]

Would you like to join our mailing list and get the latest up-to-date info? *

○ Yes

○ No

May we use your digital image (photo, video) to promote the great work this class is doing:? *

○ Yes

○ No

What else do you have to say?

[text area]

[Submit]