		Date:	23/10/2
Name: Aby Ubeido			
City, Country, from:			
Stayed with us for, purpose,	duration:		
We request you to tick the fo	llowing as per	your experience	2:
1. Would you recommend out to your friends, relatives:	r place for sta _Yes,N		
2. Did our staff respond to yo	u when you c	alled:	
Immediately, After s	ome time,	_Late, No re	sponse.
3. Did our staff fulfil all your		ested, during yo	
4. How would you rate the sa		rity of our place: Not so Good,	Rad
5.How would you rate your o			bau.
		Not so Good,	Bad.
6. How would you rate our do		ou: Not so Good,	Bad.
Please let us know in which a	reas we need	to improve:	
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	La constant de la con	,	