



Slow Art Day Participant Survey

Name of Museum: _____

Name of Host (if known): _____

1. Slow Art Day Experience. On a scale of 0 to 10 (10 being the best), how likely are you to recommend Slow Art Day to an interested friend or colleague based on your experience today? PLEASE CIRCLE ONE ANSWER.

0 1 2 3 4 5 6 7 8 9 10

(Least likely)

(Most likely)

Why? (Say anything you like about why you circled the number above!)

2. (Optional) How many museums or galleries did you visit in the last six months?

3. (Optional) May we contact you via e-mail in six months to ask a follow-up question? If yes, give us your name and e-mail below. If no, then simply leave blank. Thank YOU!

Email: _____ @ _____

Name: _____

*Please return to host – or mail to: Slow Art Day * 1350 Ave Americas, 2nd Fl; NY, NY 10019*

*SlowArtDay.com * SlowArtDay.Tumblr.Com * Facebook.com/SlowArtDay * @SlowArtDay*