

ACTEC Software Survey

Technology in the Practice Committee

Reviewer Name

Date (mm/dd/yyyy)

Operating System

Software being reviewed:

Version Number, if any:

Vendor Name:

Vendor URL:

How long have you used the software?

	Demo only	Less than 1 year	1-3 years	4-6 years	7-9 years	10+ years
Software usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How satisfied are you with the software?

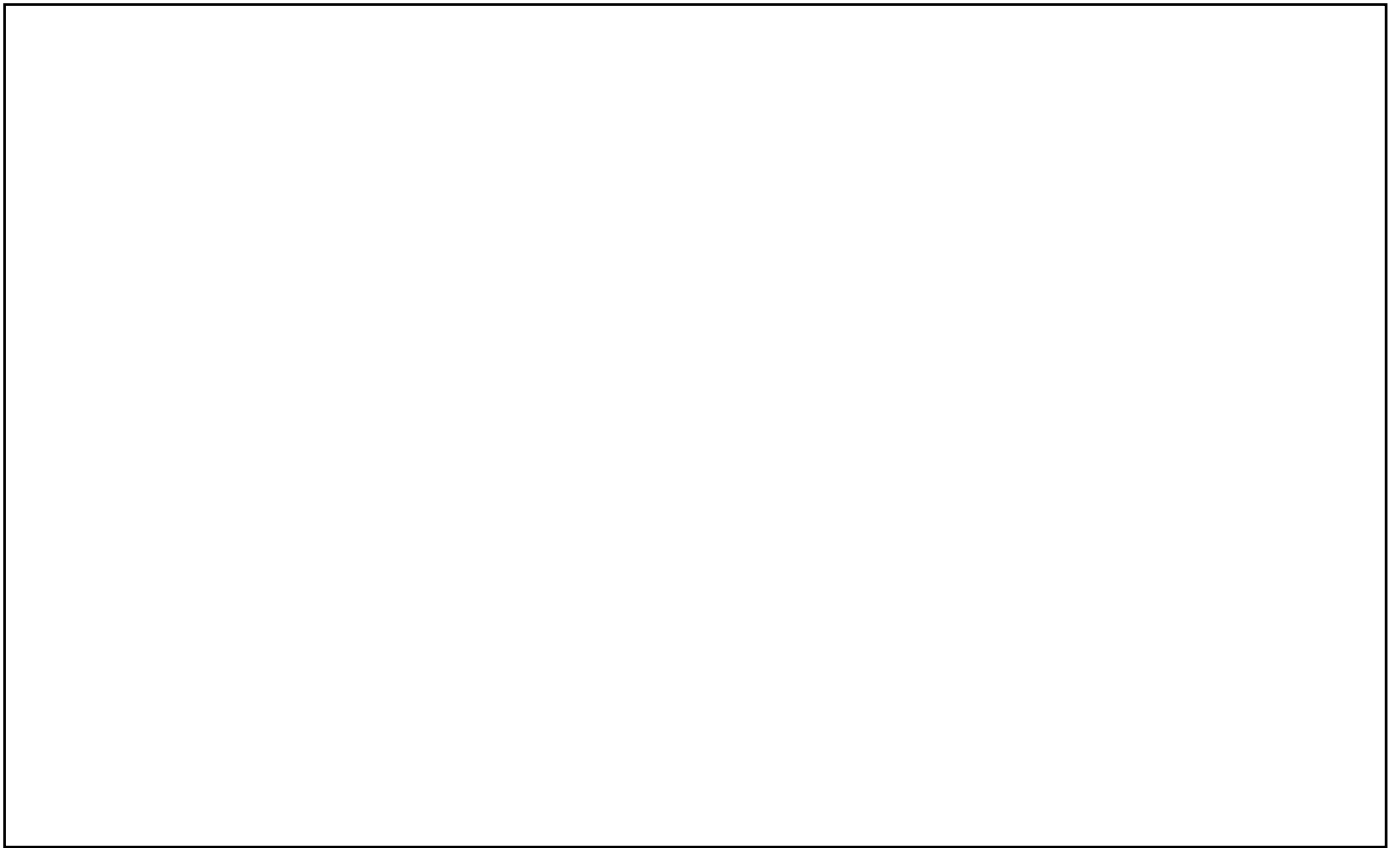
	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, does this software meet your needs?

- Yes
- Somewhat
- No

Have you used any software in the same category? If so, please include name:

Please provide a substantive review of this software below.



Please return your completed survey to
Karen Stockmal at karen.stockmal@kmslawoffices.com.

All surveys will be reviewed before being submitted
for publication on the private side the ACTEC website, www.actec.org.