



## NEW BRUNSWICK MUSEUM

*Thank you for visiting the  
NBM at Market Square*

We appreciate your feedback and hope you'll take a few minutes to complete this short survey.

**Is this your first visit to the NBM?**

- Yes     No

**If no, how often do you visit?**

- Monthly     Every 6 months  
 Every year     Every couple of years

**What made you decide to visit today?**

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**What was the highlight of your visit today?**

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**What can we do to improve your experience?**

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**Would you recommend the NBM to your friends  
as a place to visit?**

- Yes     No     Not sure

**I am interested in information about:**

- Upcoming programs and exhibits     Volunteering  
 Making a donation

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_