

**PRELIMINARY CONCEPT FEEDBACK**

**AT FIRST GLANCE, WHICH CONCEPT OPTION DO YOU PREFER?**

**LIST A FEW (1-2) REASONS WHY YOU LIKE THAT OPTION AT FIRST GLANCE?**

**WHAT IS THE ONE (JUST 1) FEATURE YOU LIKE THE MOST (ABOUT EITHER CONCEPT)?**

**NOW, LIST A FEW OTHER ITEMS YOU LIKE ABOUT EITHER CONCEPT. (TRY TO LIST AT LEAST 3).**

**WHAT IS THE ONE (JUST 1) FEATURE YOU LIKE THE LEAST (ABOUT EITHER CONCEPT)?**

**LIST ANY OTHER ITEMS YOU DO NOT LIKE, ABOUT EITHER CONCEPT.**

**FINALLY, ANY OTHER THOUGHTS? PLEASE LET US KNOW.**

**OPTIONAL – LEAVE CONTACT INFO IF DESIRED**

**NAME:**

**EMAIL:**

**PHONE:**

**STREET ADDRESS:**