



2010 MEMBER SURVEY

MACF APPRECIATES YOUR INPUT SO THAT WE CAN SERVE OUR CURRENT AND FUTURE MEMBERS BETTER. WE VALUE YOUR FEEDBACK AND THANK YOU FOR PARTICIPATING.

RETURN - E-MAIL MACFHQ@MACF.BIZ OR FAX 407.897.0873

CEO ROUNDTABLE

MACF would like to implement a CEO Roundtable event in the fall of 2010. Please share with us what the top three concerns within your company are.

Please share with us three topics that you feel would enhance the Roundtable agenda.

SAFETY AND SECURITY

Please rank the following categories in order of their importance to your organization.

	Most Important	Important	Unimportant	N/A
Regulatory & OSHA Safety Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT/Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZMAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical & Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal & Employee Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office & Workplace Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	_____			

TRAINING

Please rank the following categories in order of their importance to your organization.

	Most Important	Important	Unimportant	N/A
World Class Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lean Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Chain Logistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Operations & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant & Facilities Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	_____			

WORLD CLASS MANUFACTURING

Rank how important the following categories are to your organization.

	Most Important	Important	Unimportant	N/A
Manufacturing Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing Production Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing Fundamentals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Management & Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	_____			

LEAN MANUFACTURING

Rank how important the following categories are to your organization.

	Most Important	Important	Unimportant	N/A
5S Visual Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle Time and Lead Time Reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empowerment & Continuous Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material Flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Changeover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Productive Maintenance (TPM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality & Measurement Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	_____			

SUPPLY CHAIN LOGISTICS

Rank how important the following categories are to your organization.

	Most Important	Important	Unimportant	N/A
Materials and Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials Management & Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	_____			

BUSINESS APPLICATIONS

Rank how important the following categories are to your organization.

	Most Important	Important	Unimportant	N/A
CAD/AUTOCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wireless Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	_____			

SUSTAINABLE/GREEN TECHNOLOGY

Rank how important the following categories are to your organization.

	Most Important	Important	Unimportant	N/A
LEED Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geothermal Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biomaterials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilization of Recycled Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycling of Materials Internally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	_____			

PLANT & FACILITIES MANAGEMENT

Rank how important the following categories are to your organization.

	Most Important	Important	Unimportant	N/A
Energy & Utilities Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating & Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Plant Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	_____			

**WE WOULD LIKE TO UPDATE OUR MEMBER DATABASE.
PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION, WHERE APPLICABLE.**

MACF PRIMARY CONTACT INFORMATION

Name	Title
Company	
Phone	E-mail

PRESIDENT &/OR OWNER

Check to receive MACF updates and news.

Name	Title
E-mail	

CHIEF EXECUTIVE OFFICER

Check to receive MACF updates and news.

Name	Title
E-mail	

CHIEF OPERATING OFFICER

Check to receive MACF updates and news.

Name	Title
E-mail	

CHIEF FINANCIAL OFFICER/FINANCE DIRECTOR

Check to receive MACF updates and news.

Name	Title
E-mail	

GENERAL MANAGER &/OR PLANT MANAGER

Check to receive MACF updates and news.

Name	Title
E-mail	

**WE WOULD LIKE TO UPDATE OUR MEMBER DATABASE.
PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION, WHERE APPLICABLE.**

SAFETY MANAGER

Name	Title
E-mail	

HUMAN RESOURCES MANAGER

Check to receive MACF updates and news.

Name	Title
E-mail	

SALES/MARKETING MANAGER

Check to receive MACF updates and news.

Name	Title
E-mail	

IT DIRECTOR

Check to receive MACF updates and news.

Name	Title
E-mail	

ADMINISTRATIVE ASSISTANT TO PRESIDENT/CEO

Check to receive MACF updates and news.

Name	Title
E-mail	

OTHER

Check to receive MACF updates and news.

Name	Title
E-mail	