



IPSSA Sick Route Testimonial Questionnaire

Option 1: Please submit a small paragraph on the following page answering the questions below in your own words.

Why did you choose IPSSA?

How did IPSSA solve your problem?

How was IPSSA's solution unique?

What did you particularly like about IPSSA's approach or delivery?

How would you summarize your IPSSA sick route experience as a whole?

Would you recommend IPSSA to others based on your experience? If so, why?

(Include member name and chapter)

Option 2: Fill in the questions below.

I approached my chapter (Chapter name: _____) for sick route coverage because (no need for specifics) _____

My chapter helped me by _____

The result was _____

One thing I liked about the sick route experience was _____

I found the IPSSA sick route experience _____

I would recommend IPSSA to people because _____

Additional comments _____

Name _____

Please complete form online or print the document and submit the completed form to the IPSSA Office at
info@ipssa.com, fax to 888-368-0432 or mail to PO BOX 3367, Rocklin, CA 95677.

A proof will be sent to the member for approval before printing.

Option 1 Response: