TECHNICAL TRANSFER EVALUATION

OMB # 1029-0114 Expires 3/31/2011

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activities in the collecting this	ne future, we would	appreciate yo	ur input b	y comple	etter provide technical teting this form. We are note of its responsibilities		
Project Name	2						
Technical transfer completion date				Project ID #			
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	Workshop	[]					
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	Other	[] Please d	escribe				
Please rate yo	our overall level of s	atisfaction wi	th the tec	hnical tra	nsfer activity.		
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Your Name _					Date		
Return to: Office of Surface Mining (Organization name)			<i>ര</i> ു വ	or mre.gov	Fax to: (organization's fax or e-mail to		
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