Public reporting burden for this collection of information is estimated to be 15 minutes, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to Food and Drug Administration (FDA) Office of Information Management, 1350 Piccard Drive, Rockville, MD 20850. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0910-0360.

Your participation/nonparticipation is completely voluntary, and your responses will not have an effect on your eligibility for receipt of any FDA services. In instances where respondent identity is needed (e.g., for follow-up of non-responders), this information collection fully complies with all aspects of the Privacy Act and data will be kept private to the fullest extent allowed by law.

U. S. Department of Health & Human Services Food and Drug Administration (FDA) Center for Tobacco Products

3rd FDA Retail Compliance Check Inspection Program: Partnering for a Tobacco-free Start for America's Youth Gaithersburg, Maryland

September 11-12, 2013

FDA Program Coordinator Training

EVALUATION

Please use **blue ink, black ink, or pencil**. Fill in each circle completely, and do not make any stray marks on the evaluation. For questions requesting written answers or comments, please print legibly using the space provided. Thank you for taking the time to complete this evaluation.

Please indicate your contract years with the FDA Tobacco Retail Inspection Program. Check all that apply:

3 = Fairly

- € 2010-2011 contract years
- € 2011-2012 contract years
- € 2012-2013 contract years
- € 2013-2014 contract years

5 = Extremely

Example:

4 = Very

Please use the scale listed below to evaluate the effectiveness of the **overall conference**. Completely fill in **ONE** circle for each question.

2 = Not Very

2

1 = Not Applicable

		•									
OVERALL CONFERENCE						5	4	3	2	1	
1.	How satisfied were you that the session topics were educational and informative?					0	0	0	0	0	
2.	How satisfied were you with the speakers' abilities to meet the stated session objectives?					0	0	0	0	0	
3.	How satisfied we	ow satisfied were you with the conference materials?					0	0	0	0	0
4.	How satisfied were you with the length of the presentations?					0	0	0	0	0	
5.	Prior to attending this conference, how motivated and engaged were you regarding the FDA inspection program?					0	0	0	0	0	
6.	•	his conference, how motivated and engaged were you DA inspection program?					0	0	0	0	0

Please provide comments below. Include comments on specific sessions and any questions you have ranked	3 or lower.

Please use the scale listed below to evaluate the effectiveness of the venue and facilities . Completely fill in							in ONE	circle			
for each question.	5 = Extremely	5 = Extremely 4 = Very 3 = Fairly 2 = Not Very 1 :				- Not Applicable					
VENUE/FACILITIES						5	4	3	2	1	
7. How satisfie	d were you with th	ne conferenc	ce location?			0	0	0	0	0	
8. How satisfie program?	d were you with a	udio/visual s	support of the	conference		0	0	0	0	0	
Please provide com	ments below. Inclu	ude commer	nts for any qu	estions you have	e rank	ed 3 or	r lower.				
Please use the scale listed below to evaluate the effectiveness of the registration process . Completely fill in ONE circle for each question. 5 = Extremely 4 = Very 3 = Fairly 2 = Not Very 1 = Not Applicable											
REGISTRATION PR	OCESS					5	4	3	2	1	
9. How satisfie	d were you with th	ne pre-confe	rence registr	ation process?		0	0	0	0	0	
10. How satisfie	d were you with th	ne travel/reir	nbursement i	nstructions?		0	0	0	0	0	
11. How helpful	were the email no	tifications?				0	0	0	0	0	
Please provide com	ments below. Inclu	ude commer	nts for any qu	estions you have	e rank	ed 3 or	r lower.				
Please provide you	r comments for	the questio	ns below:								
12. Which sessi	on(s) was the mos	st valuable t	o you?								
13. Which sessi	on(s) was the leas	st valuable to	o you?								
14. What specifi	c topic areas and	in what pres	sentation styl	e(s) would you re	ecomi	mend fo	or next	year's c	confere	nce?	

15. In what ways could this year's conference improved?

16. Please list any additional comments.