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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)  
Office of Medical Products and Tobacco  
Center for Tobacco Products**

**4th Annual  
FDA Tobacco Retail Compliance Check Inspection  
Program Coordinators' Training  
September 2014**

**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:**

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

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

**5 = Extremely    4 = Very    3 = Fairly    2 = Not Very    1 = Not Applicable**

Example:	5	4	3	2	1
	●	○	○	○	○

<b>OVERALL CONFERENCE</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1. How satisfied were you that the session topics were educational and informative?	○	○	○	○	○
2. How satisfied were you with the speakers' abilities to meet the stated session objectives?	○	○	○	○	○
3. How satisfied were you with the conference materials?	○	○	○	○	○
4. How satisfied were you with the length of the presentations?	○	○	○	○	○
5. Prior to attending this conference, how motivated and engaged were you regarding the FDA inspection program?	○	○	○	○	○
6. After attending this conference, how motivated and engaged were you regarding the FDA inspection program?	○	○	○	○	○

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 **ONE** circle for each question.

**5 = Extremely 4 = Very 3 = Fairly 2 = Not Very 1 = Not Applicable**

<b>VENUE/FACILITIES</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
7. How satisfied were you with the conference location?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How satisfied were you with audio/visual support of the conference program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide comments below. Include comments for any questions you have ranked 3 or 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**

<b>REGISTRATION PROCESS</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
9. How satisfied were you with the pre-conference registration process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How satisfied were you with the travel/reimbursement instructions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How helpful were the email notifications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide comments below. Include comments for any questions you have ranked 3 or lower.

**Please provide your comments for the questions below:**

12. Which session(s) was the most valuable to you?

13. Which session(s) was the least valuable to you?

14. What specific topic areas and in what presentation style(s) would you recommend for next year's conference?

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

16. Please list any additional comments.

***Thank you for your feedback!***

**If you are unable to return this form at the end of the conference, please fax or email your evaluation to [CTPTrainer@fda.hhs.gov](mailto:CTPTrainer@fda.hhs.gov)**