

Federal Deposit Insurance Corporation  
**Event Evaluation**

**INSTRUCTIONS:** Please provide your feedback to help us evaluate today's program and plan future events. If you would like to provide additional comments, please use the COMMENTS section on page 2.

EVENT TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

Please circle the applicable rating. Do not attempt to split a rating.

|   |                |         |                    |                |                   |
|---|----------------|---------|--------------------|----------------|-------------------|
| The session improved my understanding of the subject matter.....      | Strongly Agree | Agree   | Somewhat Agree     | Disagree       | Strongly Disagree |
| The session helped to identify opportunities for my organization..... | Strongly Agree | Agree   | Somewhat Agree     | Disagree       | Strongly Disagree |
| The session helped to identify potential partners for me.....         | Very helpful   | Helpful | Moderately helpful | Of little Help | Not Helpful       |
| I would recommend this program to others in my position.....          | Strongly Agree | Agree   | Somewhat Agree     | Disagree       | Strongly Disagree |

**Follow-Ups**

| Criteria  | Yes | No |
|---|-----|----|
| Would you be interested in a follow-up session on this topic?.....          |     |    |
| Would you be interested in another meeting like this on another topic?..... |     |    |

Please specify the topic of interest: \_\_\_\_\_

Please check the type of organization you represent

- Financial Institution    
  Non-Profit Organization    
  Foundation    
  Academic Institution    
  Government Agency

Other (Please specify)

1. What parts of this event did you find most valuable?

2. What is the most important thing that could be done to improve this event?

3. Please provide examples of how you may apply your knowledge from today's program:

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COMMENTS:

**OPTIONAL CONTACT INFORMATION** *(If you would like to contact us to discuss your suggestions, please call \_\_\_\_\_ at \_\_\_\_\_. If you would like for us to notify you of a follow-up session, provide your contact information below.)*

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone Number *(Include Area Code)*: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

***We thank you for your feedback.***

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