OMB Number: 2900-0770 Respondent Burden: 2 minutes Expiration Date: xx/xx/xxxx

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. No person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Exhibitor Satisfaction Survey

Personally identifiable information is not required. Your responses will only be used in aggregate with other responses and will not be used to personally identify you or your organization.

1. How would you rat participation at the 20			-				khibitor	
5 □Excellent	4 □Very Good		3 □Good	2 □Fair	1 □Poor			
2. How satisfied are y	ou with the <u>nu</u>	mber of b	usiness or ag	ency repres	entativ	es who visite	d your exhibi	t?
5 □Very Satisfied	4 □Satisfied	3 □Som	ewhat Satisfied	d 2 □Dissa	tisfied	1 □Very Diss	satisfied	
3. How satisfied are y exhibit? (Procurement successfully if awarded	t readiness of a		•		•		-	
5 □Very Satisfied	4 □Satisfied	3 □Some	ewhat Satisfied	2 □Dissat	isfied	1 □Very Diss	atisfied	
4. How satisfied are your exhibit		erall serv	ice received fi	om <i>My Busi</i>	iness N	Aatches (MBN	1) after you	
5 □Very Satisfied	4 □Satisfied	3 □Some	ewhat Satisfied	2 □Dissat	isfied	1 □Very Diss	atisfied	
5. How would you rat	e the efficiency	y of settin	g-up and mov	ing into you	r exhib	oit?		
5 □Excellent	4 □Ve	ry Good	3 □Good	2 □Fair	1 □P	oor		
6. Please share any a participation.	dditional comr	ments or s	suggestions th	nat you may	have i	n regards to y	our exhibitor	
7. What was your boo	oth number? (C	Optional)_						

Your booth number will only be used to understand how location in the exhibit hall impacted the results of this survey.

Thank you for your participation!
We look forward to seeing you at our next VA engagement event!