OMB Control No.

Expiration Date: xx/xx/xxxx

Workshop Survey

Thank you for your interest in iminformation will be used to deter						
Name/Affiliation (Optional):						
Contact Information (Optional):_						
What did you soo as the most h	onoficial across	to of the worken	on (no moro	than 1)2		
What did you see as the most b	enenciai aspec	is of the works	iop (no more	111d11 4)?		
What topics/subjects would you	like to see disc	cussed at the ne	ext workshop	(no more tha	n 4)?	
Future Standards Worksh	ops					
How much would the following a	affect your inter	est in attending	future worksh	nops?		
	None	Not Much	Some	A Lot	Will make me attend	
Increased number of speakers from industry	C	Q	O	C	O	
						_
Increased number of speakers from regulators	O	O	0	O	C	
(BSEE)	-	•	•			
Holding multiple, focused						
workshops per year	Q	O	Q	Q	O	
Langer ecosions with fower						
Longer sessions with fewer topics	C	Q	Q	Q	O	
Increased time for guestions and discussion	Q	Q	C .	Q	Q	

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