

HPP Partnership Meeting Follow Up Survey

1. Please provide your name and organization

2. How frequently would you like the HPP Partnership Meetings to occur? (*multiple choice*)
 - a. Every other month
 - b. Quarterly
 - c. Other: _____
3. What is your preferred length for the HPP Partnership meetings? (*multiple choice*)
 - a. 2 hours
 - b. 3 hours
 - c. Other: _____
4. What topics would you like to suggest for future HPP Partnership Meetings?

5. Would you or your organization like to present at an upcoming HPP Partnership Meeting? If yes, please include potential topic and contact information for follow up and coordination.
 - a. Yes.

 - b. No
6. Please provide us with any improvements or changes would you see to the HPP Partnership Meetings (i.e. length of meeting, content, method of outreach)

7. Please list any additional organizations that you think would be interested in attending these partnership meetings.

8. Would you and your organization like to part of the HPP Partnership Meeting series moving forward?
 - a. Yes
 - b. No

9. Would you like to be part of a distribution list for periodic/ad-hoc updates from HPP? If yes, please provide your contact information.

a. Yes

b. No