

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:

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.

PAPERWORK REDUCTION ACT NOTICE

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