

**Instrument 3090-0297**

**Req 40**

**Email Text for**

**2019 Professional Services & Human Capital (PSHC)**

**Industry Days and Program Management Reviews**

Thank you for attending the 2019 Professional Services & Human Capital (PSHC) Industry Days and Program Management Reviews. We would like to hear from you about your experience while participating in order to better serve you in the future. Please take a few minutes to complete our survey. Your comments will be reviewed and will help us in planning and improving future events.

Click this link to proceed to survey: [Take the Survey](#)

Follow the link to opt out of future emails:

[Click here to unsubscribe](#)

Sincerely,  
GSA Federal Acquisition Service

If you experience any technical difficulties, please send an email to [fasresearch@gsa.gov](mailto:fasresearch@gsa.gov)

## INTRODUCTION/DESCRIPTIVE TEXT (Q1)



Thank you again for attending the 2019 Professional Services and Human Capital (PSHC) Industry Days and Program Management Reviews on June 18-20, 2019 in Tacoma, WA. This survey will take approximately 5 minutes to complete.

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## **PRA Statement and Privacy Policy Statement**

### **Paperwork Reduction Act Statement**

OMB No: 3090-0297

Expires 07/31/2019

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0297. We estimate that it will take 5 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (MVCB), ATTN: Lois Mandell/IC 3090-0297, 1800 F Street, NW, Washington, DC 20405.

## Privacy Act Statement

### Authorities

The information you provide to complete the survey being conducted is collected pursuant to the [E-Government Act of 2002 \(44 USC § 3501\)](#), and 40 USC § 501.

### Purpose

The information that you submit is used to improve the GSA customer experience. The information is not directly tied to you when used for analysis. It informs the development and strategic direction of GSA programs to make them more effective and easier to work with.

### Disclosure

You decide what information to give us. If you choose to not disclose this information, you simply need not complete the survey. The information will be used by and disclosed to GSA personnel and contractors who need the information to process survey results. Additionally, GSA may share the information pursuant to its published Privacy Act system of records notice: [e.g. [GSA/CIO-3](#)]

### What personal information will this survey collect:

IP Address  
Email Address\*  
Name\*  
Telephone Number\*

### Storage

All records are stored electronically in a database in GSA's implementation of Qualtrics, our survey management tool used to conduct this survey.

Your email address and other PII (if used) will be maintained for at least 6 years in accordance with National Archives and Records Administration (NARA) guidance. However, GSA is authorized to maintain the information for longer if it is required for business use.

\*This participation is voluntary. You are not required to provide your name and email address if you do not want to.

## **Survey Questions**



Please rate your level of satisfaction with the following aspects of the events in which you participated.

	1 - Very dissatisfied	2 - Dissatisfied	3 - Neither satisfied nor dissatisfied	4 - Satisfied	5 - Very satisfied
Training sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenters at the training sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time allocated for the training sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methods used to deliver the training sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please provide any additional feedback about the event, including about training sessions, guest speakers and materials you would like covered in the future.

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Please rate your level of satisfaction with the following aspects of the event.

	1 - Very dissatisfied	2 - Dissatisfied	3 - Neither satisfied nor dissatisfied	4 - Satisfied	5 - Very satisfied
On-line registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-event communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Did you attend the HCaTS Program Management Review?

- Yes
- No

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If the respondent answers yes, it takes them to the next 2 screenshots regarding HCaTS Program Management Review. If the respondent answers no, it takes them to the OASIS Program Review screenshot.



Please rate your level of satisfaction with the following aspects of the HCaTS Program Management Review.

	1 - Very dissatisfied	2 - Dissatisfied	3 - Neither satisfied nor dissatisfied	4 - Satisfied	5 - Very satisfied
Quality of the content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guest speakers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please let us know if we can make any changes to improve the HCaTS Program Management Review in the future, including new topics and guest speakers.

New topic(s)

Guest speaker(s)

Other

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Did you attend the OASIS Program Management Review?

- Yes
- No

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If the respondent answers yes, it takes them to the next 2 screenshots regarding OASIS Program Management Review. If the respondent answers no, it takes them to the screenshot that reads, "Overall, how likely are you to recommend the PSHC Industry Days and Program Management Reviews to a friend or colleague?"



Please rate your level of satisfaction with the following aspects of the OASIS Program Management Review.

	1 - Very dissatisfied	2 - Dissatisfied	3 - Neither satisfied nor dissatisfied	4 - Satisfied	5 - Very satisfied
Quality of the content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guest speakers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please let us know if we can make any changes to improve the OASIS Program Management Review in the future, including new topics and guest speakers.

New topic(s)

Guest speaker(s)

Other

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Overall, how likely are you to recommend the PSHC Industry Days and Program Management Reviews to a friend or colleague?

1 - Not at all likely	2	3	4	5	6	7	8	9	10 - Very likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Would you like a GSA representative to contact you to discuss the feedback you have provided in this survey?

- Yes
- No

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If the respondent select yes, it will take them to the next screenshot to enter name, email and phone number. If the respondent selects no, it will take them to the end of the survey that reads "We value your feedback".



Please enter your contact information below and we will follow up with you.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Telephone Number	<input type="text"/>

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We value your feedback. Thank you for your participation. Please click the "Submit" button to complete the survey, or click [here](#) to "retake" the survey if you would like to change your responses.

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[Submit](#)

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## Exit Page Once Respondent Click Submit Button

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Office Management
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About Professional Services
Professional Services Schedule
OASIS and OASIS Small Business
Performance Management/CPI BPA

## Professional Services

The Professional Services Category Team focuses on combining expertise from industry and government to bring our customers the resources and tools they need to make the right buying decisions. We are also committed to working closely with industry to make sure that the best they have to offer is available to the government.

- Tiffany Hixson, Professional Services Category Executive



**National Customer Service Center**  
1-800-488-3111

**Email Us**  
[professionalservices@gsa.gov](mailto:professionalservices@gsa.gov)

**Quick References**  
[Acquisition Gateway](#)  
[Professional Services Interact Community](#)  
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Identity Protection Services BPA
Acquisition Services
Training
Security & Protection
Transportation & Logistics Services

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**HOW WE CAN HELP YOU**

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