

National Protection and Programs Directorate Cybersecurity & Communications

> OMB Control Number 1670-0027 OMB Expiration Date: 01/31/2021

Evaluation Form: CS&C Cybersecurity <Event Type> <Event Name> <Event Date>

Thank you for attending CS&C Cybersecurity <Event Type>. Your feedback is important and we value your time in letting us know how we have met the event objectives. Please take a few minutes to answer the below questions and email this form to <point of contact email address> by <response date>. Your contact information is optional.

1. Select whether you are: (Please make your selection from the drop down box on the right)		
Federal Government		
Industry		
Media		
Other (please specify)		
2. Breakout Sessions you attended: (Please make your selection from the drop down box on the right)		
1st Breakout	<enter breakout="" down="" drop="" in="" of="" sessions="" titles=""></enter>	
2nd Breakout	<enter breakout="" down="" drop="" in="" of="" sessions="" titles=""></enter>	
3rd Breakout	<enter breakout="" down="" drop="" in="" of="" sessions="" titles=""></enter>	
3. Please rate the following questions: (Please make your selection from the drop down box on the right)		
The Agency and <event name="" type=""> met my expectations.</event>		
The content presented today was relevant and useful.		
(PII) in the free flow text boxes.)		
5. What topics presented at <event name="" type=""> do you consider the biggest challenge in cybersecurity and is of the most interest to you?</event>		
6. Our goal is to acquire strategies to effectively communicate and enhance partnerships within the cybersecurity community; do you have any suggestions for improving communication between CS&C and the cybersecurity community?		
7. What topics would be of interest to your organization at future <event name="" type=""> events?</event>		
8. Additional comments:		
9. Please contact me regarding my <event name="" type=""> evaluation/recommendations/comments. My contact information is provided below (Optional):</event>		
Name:		
Title:		
Organization:		
Email:		

Authority: 5 U.S. C. § 301 and 44 U.S.C. § 3101 authorize the collection of this information.

Purpose: DHS will use this information to improve products and contact you regarding your feedback/survey response.

Routine Uses: This information may be disclosed as generally permitted under 5 U.S.C. \$552a(b) of the Privacy Act of 1974, as amended. This includes using the information, as necessary and authorized by the routine uses published in DHS/ALL-002 - Department of Homeland Security (DHS) Mailing and Other Lists System of Records (November 25, 2008, 73 FR 71659).

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Disclosure: Furnishing this information is voluntary; however failure to provide any of the information requested may prevent the National Protection and Programs Directorate (NPPD) from contacting you regarding your response

Paperwork Reduction Act:

The public reporting burden to complete this information collection is estimated at 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. The collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to nppd-prac@hq.dhs.gov ATTN: PRA CS&C Cybersecurify Event Evaluation Form [OMB Control No. 1670-0027].