

**SpeakersNSA – After-Action Report (to be completed by Event Host)**

Event Host:

Event Title:

NSA Speaker's Name:

Date:

Topic:

Location:

Attendance/Audience:

Do you have any feedback for the speaker?

How did the audience receive the speaker? The speaker's presentation?

Would you consider inviting this speaker to a future event? If not, why not?

Would it be worthwhile for NSA to participate with additional/different representatives at this event or at a future event hosted by your organization/entity? If not, why not?

Did the SpeakersNSA team handle your request efficiently and effectively? If no, please explain?

Do you have any additional input/comments?

OMB CONTROL NUMBER: 0704-0553  
OMB EXPIRATION DATE: 03/31/2022

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