_____

Thank you for hosting a traveling exhibition from the Exhibition Program at the National Library of Medicine (NLM). We value your partnership and ask for feedback on your experiences so that we may better serve you in the future.

*1. Please provide the following information:

    Host Institution Name:_____

    Traveling Exhibition Title:_____

    Display dates (mm/dd/yy- mm/dd/yy):_____

    Display Location (address):_____

*2. The National Library of Medicine (NLM) values knowing the number of visitors to its traveling exhibitions; this is an important evaluation metric. Please provide your visitor numbers in **A or B below, but not both**.
    A. If your institution counted visitors to this traveling banner exhibition, please provide an actual count of visitors. _____

    B. If your institution did not count visitors to this traveling exhibition, please provide an estimated count of visitors based on 20% of the number of visitors to your institution while the traveling banner exhibition was on display. _____

*3. Who were your visitors to the exhibition and companion events? Check all that apply.
- ☐ College and university faculty and students
- ☐ General public
- ☐ Allied health professionals
- ☐ K-12 teachers and students
- ☐ Other, please specify. _____

4. Please provide details about your efforts to introduce and promote NLM health information resources-- e.g., Daily Med, GeneEd, MedlinePlus, Pillbox, PubMed, ToxTown--in conjunction with hosting the traveling exhibition. Provide information about each effort below:

    1. Effort Description_____
       Audience Types _____

Featured Resource(s) _____

2. Effort Description_____
   Audience Types _____
   Featured Resource(s) _____

3. Effort Description_____
   Audience Types _____
   Featured Resource(s) _____

4. Effort Description_____
   Audience Types _____
   Featured Resource(s) _____

5. Effort Description_____
   Audience Types _____
   Featured Resource(s) _____

5. Please share any promotional materials or handouts related to your efforts noted in Question 4 above. Note: Please upload a single file (16MB or less) in PDF, DOC or DOCX, PNG, JPG or JPEG, or GIF format.

   Choose File button

6. In conjunction with hosting the traveling exhibition, were there any training sessions on NLM health information resources for your colleagues or local librarians?
   ☐ No
   ☐ Yes—Please provide a brief description about the session(s)

7. Please tell us about any health information needs in your community or among visitors to the traveling exhibition.

8. Please tell us how the NLM's Traveling Exhibition Services can better support your efforts to address the needs of your community members by introducing and promoting NLM health information resources.

9. Prior to hosting the traveling exhibition, did you know about the Regional Medical Libraries (RMLs), which coordinate and support a network of libraries and other organizations?
   ☐ No
   ☐ Yes--Please specify your Region._____

10. Did you contact your Regional Medical Library for any help with funding, training, or partnership to create activities in conjunction with hosting the traveling exhibition?
   ☐ No
   ☐ Yes—Please describe activities supported by the RML.

11. Which of the following items from the Traveling Exhibition Services did you find useful for promoting NLM resources during your hosting the traveling exhibition? Please mark all that apply. [Note: below list will be filled then the items are identified and this question is added to the survey]

   ☐ To be specified later
   ☐ To be specified later
   ☐ To be specified later
   ☐ Other, please describe. _____