OMB#: 0925-0648, Exp. date: 05/2021

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**Tell Us What You Think! Session #**: \_\_\_\_\_

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Please rate how strongly you agree or disagree with the following:

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| Name of speaker | Useful Content | Engaging | Clearly Communicated  |
| Agree | Neutral | Disagree | Agree | Neutral | Disagree | Agree | Neutral | Disagree |
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1. Tell us how this session can be improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What option best describes your professional role?

🞏 Investigator 🞏 Research Trainee or Postdoc 🞏 Grant Writer
🞏 Department Administrator 🞏 Office of Sponsored Programs 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_

1. List your total years of experience with NIH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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