OMB Control No.: 0651-0080

Expiration Date: XX/XX/XXXX

Welcome to the [Name of] Survey. This brief survey is designed to gather feedback to enable us to design and present future programs that best meet your needs.

1.. How did you hear about the (workshop, seminar, conference, program, or event)? Check all that apply.

USPTO.gov website

Social media (e.g. Facebook, Twitter)

Host other than USPTO

Email announcement

Colleague / Friend

Attendance at a previous event

Other (please specify)

2. How satisfied were you with the following aspects of the (workshop, seminar, conference, program, or event)? (Please check corresponding box.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Disagree Strongly** | **Disagree** | **Neutral** | **Agree** | **Agree Strongly** | **N/A** |
| **Information presented was relevant and applicable to me.** |  |  |  |  |  |  |
| **Materials provided were clear and easily understood** |  |  |  |  |  |  |
| **The knowledge and experience of the presenter(s) enhanced my learning experience** |  |  |  |  |  |  |
| **I had ample opportunity to ask questions and discuss course topics** |  |  |  |  |  |  |
| **Question and answer sessions were helpful** |  |  |  |  |  |  |

**\*\*\*Option to do above in a matrix for each course/topic\*\*\*\***

5. Considering the content of the course, was the training time sufficient?

Too short

About the right length

Too long

6. Overall, how would you rate your satisfaction with the (workshop, seminar, conference, program, or event)?

Very dissatisfied

Dissatisfied

Neither dissatisfied or satisfied

Satisfied

Very satisfied

7. How likely would you be to recommend the (workshop, seminar, conference, program, or event) to a colleague?

Definitely Would Not

Probably Would Not

May or May Not

Probably Would

Definitely Would

9. What other kinds of events surrounding intellectual property and U. S. Department of Commerce resources would be of interest to you? Comment Box

10. What was the best part of this (workshop, seminar, conference, program, or event)? Comment Box

11. What could improve this (workshop, seminar, conference, program, or event)? Comment Box

12. Is there anything else you’d like to share about the (workshop, seminar, conference, program, or event)? Comment Box

Thank you for participating in the survey. Click the "Done" button below to submit your responses.

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The OMB Control Number for this information collection is 0651-0080. Without this approval, we could not collect this information. Public reporting for this information collection is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the survey. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Chief Administrative Officer, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 or email InformationCollection@uspto.gov.