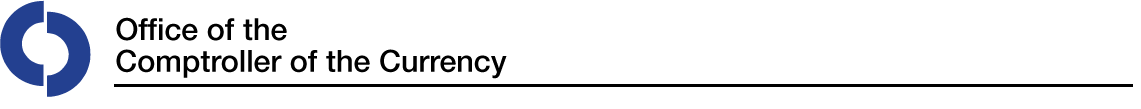
**Survey: Outreach Evaluation Form V3**

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Outreach Evaluation Form Please provide your feedback to help us evaluate today’s event. The Office of the Comptroller of the Currency (OCC) values your feedback; your comments will assist us in developing future programs. Thank you for your participation.

Question: Please select the event:

|  |
| --- |
| MM/DD - Future Event 1 |
| MM/DD - Future Event 2 |
| MM/DD - Future Event 3 |
| MM/DD - Future Event 4 |

Question: Please select the group that most closely represents you:'

|  |
| --- |
| Academic |
| Banker |
| Bank Director |
| Community and Consumer Group |
| Fintech |
| Trade Association |
| Other |

BEGIN Table  
Question: Please rate the following questions:

Table Sub-Question: The event met my expectations.

|  |
| --- |
| 1- Strongly Disagree |
| 2- Disagree |
| 3- Neither Disagree nor Agree |
| 4- Agree |
| 5- Strongly Agree |

Table Sub-Question: The speakers demonstrated their expertise.

|  |
| --- |
| 1- Strongly Disagree |
| 2- Disagree |
| 3- Neither Disagree nor Agree |
| 4- Agree |
| 5- Strongly Agree |

Table Sub-Question: The speakers were effective.

|  |
| --- |
| 1- Strongly Disagree |
| 2- Disagree |
| 3- Neither Disagree nor Agree |
| 4- Agree |
| 5- Strongly Agree |

Table Sub-Question: The information was useful.

|  |
| --- |
| 1- Strongly Disagree |
| 2- Disagree |
| 3- Neither Disagree nor Agree |
| 4- Agree |
| 5- Strongly Agree |

Table Sub-Question: The information was timely.

|  |
| --- |
| 1- Strongly Disagree |
| 2- Disagree |
| 3- Neither Disagree nor Agree |
| 4- Agree |
| 5- Strongly Agree |

Table Sub-Question: The event covered topics of interest.

|  |
| --- |
| 1- Strongly Disagree |
| 2- Disagree |
| 3- Neither Disagree nor Agree |
| 4- Agree |
| 5- Strongly Agree |

END Table of Please rate the following questions:

Question: What part of the event did you find most valuable? Why?

|  |
| --- |
| Long text from respondent |

Question: How could we improve the event?

|  |
| --- |
| Long text from respondent |

Question: Please provide any additional comments

|  |
| --- |
| Long text from respondent |

Question: If you would like to be contacted regarding your feedback, please provide your name and contact information. (Optional)

|  |
| --- |
| Short text from respondent |

Thank you for your feedback. After you click "Finish" your responses will be submitted. OMB Control No.: XXXX-XXXXExpiration Date: 03/31/20XX