Survey: Outreach Evaluation Form V3
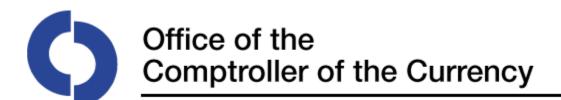
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![Office of the Comptroller of the Currency logo]

Office of the Comptroller of the Currency

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