

**Annual Conference on Export Controls and Policy**

**Please describe your objectives in coming to this Annual Conference.**

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**To what extent were your objectives accomplished?**

 Not at all Somewhat Generally Mostly Completely

**How long have you worked in the export control field?**

 Less than 1 year 1 to 5 years 5 to 10 years 10-20 years over 20 years

**Would you still attend this Annual Conference if it were held outside of downtown Washington, DC, within the adjoining Washington Metropolitan area? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

**Please rate the following:** **1 = Poor, 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent**

**If you have attended previous Annual Export Control and Policy conferences,**

**how did this one compare? ...................................................... 1 2 3 4 5**

**Conference physical facility ....................................................1 2 3 4 5**

**Conference food and beverage services ...............................1 2 3 4 5**

**Registration process rating (on-line) ....................................1 2 3 4 5**

**Registration process rating (on-site) ................................,....1 2 3 4 5**

**Exhibits** **............................................................................................1 2 3 4 5**

**Overall Conference Rating ........................................................ 1 2 3 4 5**

**Please indicate any suggestions you have for improvements to the program, future topics, or any additional comments you may have about the program.**

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**(Optional Information)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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