

## Post Event Feedback Form

**Please answer the following questions to assist us in both gauging success and in selecting future events/showcases. Information will be kept private to the extent provided by law.**

***Thank you for your feedback!***

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Expiration Date: 06/30/2024

Public reporting burden for this collection of information is estimated to average 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 collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

### \* BASIC INFORMATION

Company Name

Name of Presented Technology

Your Name

Title/Role

Event Date (Month/Year)

Event Name/Location

### **About Your Company (Select all that apply):**

8(a) Qualified by SBA

\* We are trying to better understand the role of women in our small business community.

Please help us by selecting any of the below statements that are true for your company:

My company is majority-owned by a woman or women

A woman (or women) holds a C-level leadership role(s) in my company

My company is partially-owned (50% or less) by a woman or women

None of the above are true about my company

My company was founded or co-founded by a woman or women

\* We are trying to better understand the role of underrepresented racial and ethnic groups in our small business community. Please help us by selecting any of the below statements that are true for your company:

- My company is majority-owned by an underrepresented racial/ethnic group
- My company is partially-owned (50% or less) by a member(s) of an underrepresented racial/ethnic group
- My company was founded or co-founded by a member(s) of an underrepresented racial/ethnic group
- A member(s) of an underrepresented racial/ethnic group holds a C-level leadership role(s) in my company
- None of the above are true about my company

**\* Technology Area (Select One):**

- Drug
- Device
- Other (please describe):
- In Vitro Diagnostic
- Research Tool
- Health IT and Education

**\* Development Stage of SBIR-Funded Technology (Select One):**

- Early Stage (in vitro or untested prototype)
- Ongoing (in vivo testing or refining an early design)
- Other (please describe):
- Testing in a Clinical Setting
- Ready to Commercialize
- Commercial Product

## EVENT QUESTIONS

\* 1. How useful was this event for each of the following?

	Not at all	Somewhat	Moderately	Extremely	N/A
Connecting with potential strategic partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting with potential investors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting with potential scientific collaborators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting with potential customers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Company visibility and exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gaining insight into the competitive landscape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scientific or medical education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning more about running your business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 2. What were your primary goals for attending this event? (Select your top 2 goals)

- Seeking Strategic Partners (large business)
- Seeking Investment
- Seeking Scientific Collaborators
- Customer Discovery
- Increasing Company Visibility and Exposure
- Other (describe below):
- Gaining Insight into the Competitive Landscape
- Gaining Insight into the Intellectual Property Landscape
- Validating Clinical Indications
- Validating Business Model

\* 3. Do you think that you made progress towards achieving that goal?

- Yes
- No (please describe):

\* 4. How valuable did you find the event/showcase as a whole?

- Not at all
- Somewhat
- Mostly
- Extremely

Comment:

\* 5. Do you believe that the appropriate investors and strategic partners attended?

Yes

No (please list those missing):

\* 6. Were there sufficient number of investors or potential partners in attendance interested in your technology area?

Yes

No (please describe):

7. Select the types of organizations and/or people you met with (select all that apply).

Venture Capital Investors

Potential Scientific Collaborator

Angel Investors

Potential Customer

Potential Strategic Partners (medical technology/pharma/biotech)

NIH Staff

Other (describe below)

8. How many investors or strategic partners did you meet with at the event?

**\* Formal Meetings**

with minimal/no interest in my technology

with moderate interest in my technology

with high level interest in my technology

**\* Informal Meetings**

with minimal/no interest in my technology

with moderate interest in my technology

with high level interest in my technology

\* 9. Do you feel that you have increased your network with the investment community as a result of these meetings, either formal or informal?

- Yes
- No (please describe):

\* 10. Are you negotiating and/or have secured any deals with an investor or strategic partner for this product?

Post Event Feedback Form

**Please list any deals that your company has made with an investor or strategic partner for this product.**

\* Investor/Partner Name and Description of Deal 1

Name of Investor/Partner	<input type="text"/>
Description of Deal	<input type="text"/>

\* Deal Status of Deal 1

Deal Status	<input type="text"/>
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\* NCI Involvement of Deal 1

Involvement of NCI	<input type="text"/>
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\* Investor/Partner Name and Description of Deal 1

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 1

Deal Status

\* NCI Involvement of Deal 1

Involvement of NCI

\* Investor/Partner Name and Description of Deal 2

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 2

Deal Status

\* NCI Involvement of Deal 2

Involvement of NCI

Post Event Feedback Form

**Please list any deals that your company has made with an investor or strategic partner for this product.**

\* Investor/Partner Name and Description of Deal 1

Name of Investor/Partner

Description of Deal

**\* Deal Status of Deal 1**

Deal Status

**\* NCI Involvement of Deal 1**

Involvement of NCI

**\* Investor/Partner Name and Description of Deal 2**

Name of Investor/Partner

Description of Deal

**\* Deal Status of Deal 2**

Deal Status

**\* NCI Involvement of Deal 2**

Involvement of NCI

**\* Investor/Partner Name and Description of Deal 3**

Name of Investor/Partner

Description of Deal

**\* Deal Status of Deal 3**

Deal Status

**\* NCI Involvement of Deal 3**

Involvement of NCI

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# Please list any deals that your company has made with an investor or strategic partner for this product.

## \* Investor/Partner Name and Description of Deal 1

Name of Investor/Partner

Description of Deal

## \* Deal Status of Deal 1

Deal Status

## \* NCI Involvement of Deal 1

Involvement of NCI

## \* Investor/Partner Name and Description of Deal 2

Name of Investor/Partner

Description of Deal

## \* Deal Status of Deal 2

Deal Status

## \* NCI Involvement of Deal 2

Involvement of NCI

## \* Investor/Partner Name and Description of Deal 3

Name of Investor/Partner

Description of Deal

## \* Deal Status of Deal 3

Deal Status



\* NCI Involvement of Deal 3

Involvement of NCI

\* Investor/Partner Name and Description of Deal 4

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 4

Deal Status

\* NCI Involvement of Deal 4

Involvement of NCI

## Post Event Feedback Form

**Please list any deals that your company has made with an investor or strategic partner for this product.**

\* Investor/Partner Name and Description of Deal 1

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 1

Deal Status

\* NCI Involvement of Deal 1

Involvement of NCI

\* Investor/Partner Name and Description of Deal 2

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 2

Deal Status

\* NCI Involvement of Deal 2

Involvement of NCI

\* Investor/Partner Name and Description of Deal 3

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 3

Deal Status

\* NCI Involvement of Deal 3

Involvement of NCI

\* Investor/Partner Name and Description of Deal 4

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 4

Deal Status

\* NCI Involvement of Deal 4

Involvement of NCI

\* Investor/Partner Name and Description of Deal 5

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 5

Deal Status

\* NCI Involvement of Deal 5

Involvement of NCI

## Post Event Feedback Form

**Please list the 5 most relevant deals that your company has made with an investor or strategic partner for this product.**

\* Investor/Partner Name and Description of Deal 1

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 1

Deal Status

\* NCI Involvement of Deal 1

Involvement of NCI

\* Investor/Partner Name and Description of Deal 2

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 2

Deal Status

\* NCI Involvement of Deal 2

Involvement of NCI

\* Investor/Partner Name and Description of Deal 3

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 3

Deal Status

\* NCI Involvement of Deal 3

Involvement of NCI

\* Investor/Partner Name and Description of Deal 4

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 4

Deal Status

\* NCI Involvement of Deal 4

Involvement of NCI

\* Investor/Partner Name and Description of Deal 5

Name of Investor/Partner

Description of Deal

\* Deal Status of Deal 5

Deal Status

\* NCI Involvement of Deal 5

Involvement of NCI

## Post Event Feedback Form

\* 11. How many contacts do you plan to follow-up with?

Potential Investors	<input type="text"/>
Potential Partners	<input type="text"/>
Potential Customers	<input type="text"/>
Other	<input type="text"/>

Other (please describe):

\* 12. Did you significantly benefit from the event in any of the following ways?

	Did not Benefit	Somewhat Benefited	Moderately Benefited	Greatly Benefited
Increased visibility due to the profile of the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer/market need insights for the NCI-funded project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product development insights for the NCI-funded project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved pitch and ability to showcase company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please list or describe any media attention that your company received as a result of participating in this event:

\* 14. Was NCI support a critical factor in your being able to attend this event?

- No  
 Yes (please describe):

\* 15. If you have an oral or poster presentation at this event, was it a worthwhile experience?

- Yes, both were worthwhile     Yes, the oral presentation was worthwhile  
 Yes, the poster presentation was worth while  
 No (please specify)

\* 16. If you received mentoring from the NCI SBIR Development Center in preparation for this event (e.g. pitch coaching), how useful was it?

- Not at all     Somewhat     Mostly     Extremely     N/A

\* 17. Would you recommend that other companies similar to yours (same stage and/or technology) attend this event?

- Yes  
 No (please describe):

\* 18. Would you have attended without NCI support?

- No  
 Yes (please describe):

\* 19. Did you feel that your company's topic area and stage of development fit the focus of the investors in attendance?

- Yes  
 No (please describe):

20. Comments/ general suggestions: