OMB Number: 0906-0084 Expiration Date: 2/28/2027

Conference Sessions Questionnaire

PΙ	ease	rate	your	satist	factior	ı with	this	session.
----	------	------	------	--------	---------	--------	------	----------

2 – Dissatisfied	
3 – Neither satisfied or dissatisfied	

4- Satisfied

5 - Very Satisfied

1 - Not Satisfied

I learned something during this session.

- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree

I plan to incorporate what I learned during this session into my everyday work.

- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree

Please provide additional comments.

[500 character box]

OMB Number: 0906-0084 Expiration Date: 2/28/2027

Public Burden Statement: To help us plan for future conferences, please let us know about your overall experience by completing this brief conference evaluation. 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. The OMB control number for this project is 0906-0086 and is valid until 2/28/2027. This information collection is voluntary. Responses will be anonymous, and the data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 21 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.