OMB Control No.: 0651-0080 Expiration Date: XX/XX/XXXX

Welcome to the [Name of] Survey. This brief survey is designed to gather feedback to enable us to design and present future programs that best meet your needs.

1.. How did you hear about the (workshop, seminar, conference, program, or event)? Check all that apply.

USPTO.gov website Social media (e.g. Facebook, Twitter) Host other than USPTO Email announcement Colleague / Friend Attendance at a previous event Other (please specify)

2. How useful to your practice were each of the topics presented at the (workshop, seminar, conference, program, or event)?

	Not useful at all	Somewhat useful	Moderately useful	Very useful	N/A
Topic or Course 1					
Topic or Course 2					
Topic or Course 3					
Topic or Course 4					

3. Please provide any details as to why this portion of the training wasn't more useful. (programmed to only ask for the topics above which were answered as Not useful at all or Somewhat useful)

	Open Ended Comment Boxes
Topic or Course 1	
Topic or Course 2	
Topic or Course 3	
Topic or Course 4	

4. How satisfied were you with the following aspects of the (workshop, seminar, conference, program, or event)? (Please check corresponding box.)

	Disagre e Strongl y	Disagre e	Neutra I	Agre e	Agree Strongl y	N/A
Information presented was relevant and applicable to						
me.						
Materials provided were clear and easily understood						
The knowledge and experience of the presenter(s)						
enhanced my learning experience						
I had ample opportunity to ask questions and discuss						
course topics						
Question and answer sessions were helpful						

^{***}Option to do above in a matrix for each course/topic****

5. Considering the content of the course, was the training time sufficient?

About the right length Too long

6. Please indicate to what extent did the information you received will aid you in your work or field of study.

Not at all Limited extent Moderate extent Great extent

7. Overall, how would you rate your satisfaction with the (workshop, seminar, conference, program, or event)?

Very dissatisfied Dissatisfied Neither dissatisfied or satisfied Satisfied Very satisfied

8. How likely would you be to recommend the (workshop, seminar, conference, program, or event) to a colleague?

Definitely Would Not Probably Would Not May or May Not Probably Would Definitely Would

- 9. What other kinds of events surrounding intellectual property and U. S. Department of Commerce resources would be of interest to you? Comment Box
- 10. What was the best part of this (workshop, seminar, conference, program, or event)? Comment Box
- 11. What could improve this (workshop, seminar, conference, program, or event)? Comment Box
- 12. Is there anything else you'd like to share about the (workshop, seminar, conference, program, or event)? Comment Box
- 13. If you would like to be a speaker at a future (workshop, seminar, conference, program, or event), please send an email to xxxxx.xxxxx@uspto.gov.

Thank you for participating in the survey. Click the "Done" button below to submit your responses.

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995, unless the information collection has a valid OMB Control Number. The OMB Control Number for this information collection is 0651-0080. Public burden for this survey is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this

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