



## PRECONFERENCE SURVEY

1. First Name \_\_\_\_\_

2. Last Name \_\_\_\_\_

3. Email \_\_\_\_\_

4. City \_\_\_\_\_

5. State \_\_\_\_\_

6. Do you identify as (check all that apply)?

- a. Black or African American
- b. Latinx or Hispanic
- c. Indigenous or Native American
- d. Native Hawaiian or Pacific Islanders
- e. Asian Americans
- f. Hasidic Jews
- g. Other Persons of Color
- h. Prefer Not to Answer

7. Type of Organization

- a. Minority Business Enterprise
- b. Woman Owned Small Business
- c. Veteran Owned Small Business
- d. Small Business located in a HUBZone
- e. Tribal/Alaska Native or Hawaiian Owned Business
- f. Large Business
- g. Government
- h. College/University
- i. Non-Profit
- j. Other

**8. What is your industry?**

- a. Agriculture
- b. Construction
- c. Government
- d. Educational Services
- e. Finance and Insurance
- f. Healthcare Services
- g. Marketing and Communications
- h. Manufacturer or Producer
- i. Professional Services
- j. Research and Development
- k. Restaurant and Good Services
- l. Retail and Wholesale
- m. Technology
- n. Travel and Entertainment
- o. Non-Profit Organization
- p. Not Applicable

**9. Are you an MBDA Business Center?**

- a. If yes, what is the name of your MBDA Business Center or Grant

**10. Are you an MBDA Grantee?**

- a. If yes, what is the name of the MBDA Business Center or Grantee you have worked with?

**11. Are you a CLIENT of a MBDA Business Center or Grantee?**

**12. How did you hear of this event?**

**Public Burden Statement**

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All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the MBDA Office, Department of Commerce, 14th and Constitution Avenue, N.W., Washington, D.C. 20230.