

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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All questions are optional and you may exit the survey at any time.

BASIC INFORMATION

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:

| | |
|--|--|
| <input type="checkbox"/> My company is majority-owned by a woman or women | <input type="checkbox"/> A woman (or women) holds a C-level leadership role(s) in my company |
| <input type="checkbox"/> My company is partially-owned (50% or less) by a woman or women | <input type="checkbox"/> None of the above are true about my company |
| <input type="checkbox"/> 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:

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

Technology Area (Select One):

| | | |
|--|---|---|
| <input type="radio"/> Drug | <input type="radio"/> In Vitro Diagnostic | <input type="radio"/> Health IT and Education |
| <input type="radio"/> Device | <input type="radio"/> Research Tool | |
| <input type="radio"/> Other (please describe): | <input type="text"/> | |

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

| | | |
|---|---|--|
| <input type="radio"/> Early Stage (in vitro or untested prototype) | <input type="radio"/> Testing in a Clinical Setting | <input type="radio"/> Commercial Product |
| | <input type="radio"/> Ready to Commercialize | |
| <input type="radio"/> Ongoing (in vivo testing or refining an early design) | | |
| <input type="radio"/> Other (please describe): | <input type="text"/> | |

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"/> |
| Connecting with potential investors | <input type="radio"/> |
| Connecting with potential scientific collaborators | <input type="radio"/> |
| Connecting with potential customers | <input type="radio"/> |
| Company visibility and exposure | <input type="radio"/> |
| Gaining insight into the competitive landscape | <input type="radio"/> |
| Scientific or medical education | <input type="radio"/> |
| Learning more about running your business | <input type="radio"/> |

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

| | |
|--|---|
| <input type="checkbox"/> Seeking Strategic Partners (large business) | <input type="checkbox"/> Gaining Insight into the Competitive Landscape |
| <input type="checkbox"/> Seeking Investment | <input type="checkbox"/> Gaining Insight into the Intellectual Property Landscape |
| <input type="checkbox"/> Seeking Scientific Collaborators | <input type="checkbox"/> Validating Clinical Indications |
| <input type="checkbox"/> Customer Discovery | <input type="checkbox"/> Validating Business Model |
| <input type="checkbox"/> Increasing Company Visibility and Exposure | |
| <input type="checkbox"/> Other (describe below): | |

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

Description of Deal

Deal Status of Deal 1

Deal Status



NCI Involvement of Deal 1

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



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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



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

Involve 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

Involve 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

Involve 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



Potential Partners



Potential Customers



Other



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

Customer/market
need insights for the
NCI-funded project

Product
development
insights for the NCI-
funded project

Improved pitch and
ability to showcase
company

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: