

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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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 (0925-0642). Do not return the completed form to this address.

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:

☐ 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:

- | | |
|--|--|
| <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): | | |

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"/> Ongoing (in vivo testing or refining an early design) | <input type="radio"/> Ready to Commercialize | |
| <input type="radio"/> Other (please describe): | | |

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)

<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

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

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	<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 2

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

Deal Status of Deal 2

Deal Status	<input type="text"/>
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NCI Involvement of Deal 2

Involvement of NCI	<input type="text"/>
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Investor/Partner Name and Description of Deal 3

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

Deal Status of Deal 3

Deal Status	<input type="text"/>
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NCI Involvement of Deal 3

Involvement of NCI	<input type="text"/>
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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	<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 2

Name of Investor/Partner

Description of Deal

Deal Status of Deal 2

Deal Status	<input type="text"/>
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NCI Involvement of Deal 2

Involvement of NCI	<input type="text"/>
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Investor/Partner Name and Description of Deal 3

Name of Investor/Partner

Description of Deal

Deal Status of Deal 3

Deal Status	<input type="text"/>
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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	<input type="text"/>
Description of Deal	<input type="text"/>

Deal Status of Deal 2

Deal Status	<input type="text"/>
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NCI Involvement of Deal 2

Involvement of NCI	<input type="text"/>
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Investor/Partner Name and Description of Deal 3

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

Deal Status of Deal 3

Deal Status	<input type="text"/>
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NCI Involvement of Deal 3

Involvement of NCI	<input type="text"/>
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Investor/Partner Name and Description of Deal 4

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

Deal Status of Deal 4

Deal Status	<input type="text"/>
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NCI Involvement of Deal 4

Involvement of NCI	<input type="text"/>
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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	<input type="text"/>
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NCI Involvement of Deal 2

Involvement of NCI	<input type="text"/>
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Investor/Partner Name and Description of Deal 3

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

Deal Status of Deal 3

Deal Status	<input type="text"/>
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NCI Involvement of Deal 3

Involvement of NCI	<input type="text"/>
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Investor/Partner Name and Description of Deal 4

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

Deal Status of Deal 4

Deal Status	<input type="text"/>
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NCI Involvement of Deal 4

Involvement of NCI	<input type="text"/>
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Investor/Partner Name and Description of Deal 5

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

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	<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: