

BIS Program Evaluation

(Complying with U.S. Export Controls, La Jolla, CA , February 9 – 10, 2006)

Please take a few moments to evaluate our program. Your responses will help us to structure our workshops and services to best meet the needs of the exporting community. We take your comments seriously. Thank you in advance for your time and effort.

1) To what extent were your objectives accomplished? (circle one)

Not at all Somewhat Generally Mostly Completely

2) How comfortable were you with the subject matter before the program? (circle one)

Not at all Somewhat Generally Mostly Completely

3) After the program? (circle one)

Not at all Somewhat Generally Mostly Completely

Please review the following statements and indicate how strongly you agree or disagree

4) The information presented at the program will assist me in my export compliance responsibilities (circle one)

Strongly Disagree Disagree No opinion Agree Strongly Agree

5) The information presented met my expectations of the goals set out in the course description (circle one)

Strongly Disagree Disagree No opinion Agree Strongly Agree

6) I would recommend this program to others (circle one)

Strongly Disagree Disagree No opinion Agree Strongly Agree

7) The copies of slides and other handout material will be useful to me as a future reference (circle one)

Strongly Disagree Disagree No opinion Agree Strongly Agree

8) The hands-on learning activities assisted in my understanding of the program material (circle one)

Strongly Disagree Disagree No opinion Agree Strongly Agree

9) How did you find out about this program?

Call/Visit to BIS E-Mail from BIS Trade Journal/Newsletter Co-Sponsor
 Fax from BIS BIS Website Referral other _____

10) Have you previously attended any BIS programs? _____ If yes, how many? _____

Please rate the clarity of seminar topics, as follows: 1 = poor, 2 = fair, 3 = average, 4 = good, 5 = excellent:

Day 1

Overview	1	2	3	4	5
The EAR and You	1	2	3	4	5
Commerce Control List and Country Chart	1	2	3	4	5
General Prohibitions	1	2	3	4	5
Office of Export Enforcement	1	2	3	4	5
License Exceptions	1	2	3	4	5
Exercises	1	2	3	4	5

Day 2

Review of day one	1	2	3	4	5
Applications and Processing	1	2	3	4	5
Export Clearances and Record keeping	1	2	3	4	5
Managing Your Company's Export Compliance	1	2	3	4	5
Exercises	1	2	3	4	5

Overall Program Rating 1 2 3 4 5

Conference facility rating 1 2 3 4 5

Registration process rating 1 2 3 4 5

11) How long have you worked in the export control field? (circle one)

Less than 1 year 1 to 3 years 3 to 5 years Over 5 years

12) In what city and state/country do you work? _____

13) Please describe your primary business activity

- | | | |
|----------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Computer Equipment | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Chemicals/Pharm/Medical |
| <input type="checkbox"/> Software/Networking | <input type="checkbox"/> Aerospace/Navigation | <input type="checkbox"/> General Import/Export |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Other _____ | | |

Please indicate any suggestions you have for improvements to the workshop, topics for future workshops or any additional comments you may have about the program

(Optional Information)

Name: _____ Telephone: _____
Title: _____ Facsimile: _____
Company: _____

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