



CONFERENCE/EXHIBIT SURVEY

U.S. Department of Transportation
Maritime Administration

A Maritime System that Serves America
With American Ships and American Labor

OMB No. 2133-0528
Expiration Date: 09/30/03

Dear Customer:

We value your feedback and would like to know how well we are meeting your needs with respect to the _____ program activity. Please take a few moments to complete the following questions that apply and return this postage paid mailer to us or fax it to (202) 366-9206. For your convenience, you may respond electronically through MARAD's Home Page (<http://www.marad.dot.gov>). This survey takes approximately 2 minutes to complete.

**Please circle number indicating performance level
(1 equals unsatisfactory - 5 equals excellent)**

1. PRECONFERENCE/EXHIBIT

- a. Was information about the conference and/or exhibit easily available? 1 2 3 4 5
- b. Was staff available to help you with questions regarding the conference and/or exhibit? 1 2 3 4 5

2. CONFERENCE REPRESENTATIVES

- a. Was speaker/panel member (NAME): _____
- Knowledgeable 1 2 3 4 5
- Responsive to Questions 1 2 3 4 5
- Organized 1 2 3 4 5
- b. Was speaker/panel member (NAME): _____
- Knowledgeable 1 2 3 4 5
- Responsive to Questions 1 2 3 4 5
- Organized 1 2 3 4 5

3. EXHIBIT BOOTH

- a. Was attendant helpful? 1 2 3 4 5
- b. Did booth/exhibit contain useful materials? 1 2 3 4 5

4. INTERNET CONTACT

- a. Was event information available on MARAD's web site at <http://www.marad.dot.gov> (please circle) Yes No
- b. Was the web site helpful in:
- Finding the material you needed? 1 2 3 4 5
- Finding an appropriate contact? 1 2 3 4 5

5. MATERIAL PROVIDED

- a. Were handouts clear and easy to understand? 1 2 3 4 5
- b. Was the information complete? 1 2 3 4 5
- c. Which format did you receive? Paper Electronic
- d. Which format is preferred? Paper Electronic

Please Circle Yes or No

6. WOULD YOU ATTEND AGAIN Yes No

7. ELECTRONIC/TELEPHONE CONTACT

- a. Did you register via E-mail or fax rather than telephone or registration form? Yes No
- If yes, indicate which: E-mail Fax
- b. Did you receive confirmation? Yes No
- c. Did you use a toll free number? Yes No

8. PLAIN ENGLISH

Is MARAD's information organized, clear, and easy to understand? Yes No

9. SERVICE

- a. Did someone at this agency provide you exceptional service? Yes No
- b. If yes, who? (Name and Phone Number)
- _____
- _____

10. LENGTH OF CONFERENCE/EXHIBIT SHOULD BE

- a. 1 full day
- b. 1 1/2 days
- c. 2 full days
- d. Other Specify: _____

11. COMMENTS

Please provide any suggestions to improve future conferences or exhibits. _____

Would you like a MARAD employee to call to discuss comments? Yes No

If yes, please provide Name/Phone Number - If no, optional

On behalf of the Maritime Administration, thank you for evaluating our customer service. We look forward to serving you again.

(For Office Use Only)

Organizational Code
Program Activity Code
Date of Conference/Exhibit
External or Internal

TAPE (Do Not Staple)

FOLD HERE

U.S. Department
of Transportation

Maritime
Administration

400 Seventh St. SW
Washington, DC 20590-0001



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