OMB#: 0925 – xxxx Expiry Date: xx/xx/xxxx

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Collection of this information is authorized under 42 USC 285a. While your participation is completely voluntary, to participate in the NCI CIRB, completion of this form is required. Data collected as part of the NCI CIRB review is private and protected by law. Under the provisions of Section 301d of the Public Health Service Act, no information that could permit identification of a participating individual may be released. All such information will be kept private under the Privacy Act and will be presented only in statistical or summary form.

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Attachment 3C:

Board Member: CONTACT INFORMATION FORM

| Member Inf | ormation | | |
|---|---------------|----------------------------|-----------------------------|
| Name: | | | |
| Title: | | | |
| Address: _ | | | |
| Work Phone: Cell Phone: Fax: _ Email: _ | | | |
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Cc'ed on correspondence) Name: _____ Title: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

Alternate Contact (include if another person in your office should be

Please return this form to the Operations office via email (jhorigan@emmes.com) or fax (301-560-6538).