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NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

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 (0925-0625). Do not return the completed form to this address.

Attachment 3C:

Board Member: CONTACT INFORMATION FORM

Member Information

Name: _____
Title: _____
Address: _____
Work Phone: _____
Cell Phone: _____
Fax: _____
Email: _____

Please check here if this is the address you prefer to receive hard copies of board materials

Personal Information (or to be used as alternate contact information)

Address: _____
Home Phone: _____
Cell Phone 2: _____
Fax 2: _____
Email 2: _____

Please check here if this is the address you prefer to receive hard copies of board materials

Alternate Contact (include if another person in your office should be cc'ed on correspondence)

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

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