

## GRADUATE & PROFESSIONAL SCHOOL FAIR 2016 -EXHIBITOR REGISTRATION

OMB Number: 0925-0740 (Expiration Date: May 2019)

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The National Institutes of Health Graduate & Professional School Fair will be held on DATE at the Natcher Conference Center on the NIH campus in Bethesda, MD. The exhibits will be open from TIME to TIME. This fair will provide an opportunity for representatives of graduate and professional schools to meet and recruit up-and-coming young scientists taking part in the NIH Postbaccalaureate and Summer Internship Programs and college and university students from the Washington, DC area.

Student interest is highest in the following schools/programs: medical school, graduate school (PhD programs in all the biomedical sciences), MD/PhD programs, public health programs, psychology, dental school, nursing school and pharmacy school.

There is no charge to exhibit at the fair, but space is limited. Exhibitors will be provided a table and several chairs. Please note you may be asked to share a table. Each year we have an overwhelming response and table sharing has become the norm.

Questions?

NIH Office of Intramural Training & Education

<http://www.training.nih.gov>

OITE@od.nih.gov

301-496-2427

### POINT OF CONTACT (POC) FOR THIS REGISTRATION

**Title\***

**First Name (Given Name):\***

**Last Name (Family Name):\***

**Position Title:\***

**Email Address (check accuracy):\***

We cannot guarantee your participation if you fail to provide a functioning email address. A confirmation email message containing this registration will be sent to the email account listed within 2-hours of submission.

**Phone Number:\***

ex: 123-456-7890

#### **INSTITUTION / UNIVERSITY INFORMATION**

**Institution or University Name (complete name):**

**Program or Department you are representing (complete name):**

**Program Website (include http:// or https://):**

**Name of the training program as it will appear in the event program, limit 100 characters, be specific. We will not insert your university name if you omit it.**

Example: "University of Alabama Dental School" or "Baylor University Graduate Program in Biophysics"

**This registration is for which type of program?**

Select all that apply.

- Dental
- Graduate
- Medical
- MD/PhD
- Pharmacy
- Psychology
- Public Health

Nursing

Other

**If you selected "Other" for the Registration Type, please specify in the space provided:**

**Our representative will be able to answer questions about the following programs:**

Select all that apply.

Note, we will share this information with the Fair attendees.

Dental

Graduate

Medical

MD/PhD

Pharmacy

Psychology

Public Health

Nursing

Other

#### **FIRST ATTENDEE**

**Is the Point of Contact for this registration also the First Attendee? \***

Yes  No

**Title – First Attendee:**

**First Name – First Attendee:**

**Last Name – First Attendee:**

**Position Title – First Attendee:**

**Email Address – First Attendee (check accuracy):**

We cannot guarantee your participation if you fail to provide a functioning email address. A confirmation email message containing this registration will be sent to the email account listed within 2-hours of submission.

**Phone Number – First Attendee:**

ex: 123-456-7890

**SECOND ATTENDEE**

**Title – Second Attendee:**

**First Name – Second Attendee:**

**Last Name – Second Attendee:**

**Position Title – Second Attendee:**

**Email Address – Second Attendee (check accuracy):**

We cannot guarantee your participation if you fail to provide a functioning email address. A confirmation email message containing this registration will be sent to the email account listed within 2-hours of submission.

**Phone Number – Second Attendee:**

ex: 123-456-7890

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[Cancel](#)

