NIMH Computational Psychiatry Workshop Registration

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NIMH Computational Psychiatry Workshop

(EVENT DATE)
(EVENT LOCATION)

Sponsored by the National Institute of Mental Health (NIMH)

Registration

To register for the workshop on *(EVENT DATE)*, please provide the information requested below. You will receive a confirmation e-mail from (*ORGANIZING COMMITTEE EMAIL*) following your submission of this completed online form.

There is no registration fee and no on-site registration.

_____

Contact Information

● denotes required information

First Name ●:

Last Name ●:

Title ●:

Organization ●:

Degree●:

Career level ●:

Gender:

Street Address •:

Suite / Apt / Box City •:

State/Province/Region •:

Zip/Postal Code •:

Country •:

Phone (include country code if you are an international participant) •:

Email address •:

_____

Meeting Preparation

Please provide a one paragraph description of your expertise and background:

Please provide up to 5 relevant citations:

Please provide a photo:

Please provide 1-2 bullet points to address the following questions to help the organizers refine the agenda:

- What are the key open questions in the field of computational psychiatry?
- What are the next steps to take in the field of computational psychiatry?
- What are the challenges of the field of computational psychiatry?

Are you interested in presenting a poster/model?

Are you willing to chair a session on *(TOPIC)*?

Are you interested in giving a talk?

Will you require lodging on the night of *(DATE)*?

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Visa Assistance

For international attendees requiring visa assistance, please contact (*ORGANIZING COMMITTEE EMAIL*) as soon as possible.

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Accommodations

Individuals with disabilities who may require sign language and/or reasonable accommodation to participate in this workshop should contact (*ORGANIZING COMMITTEE EMAIL*). Requests should be made at least 10 days in advance of the workshop.

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Lunch

Due to the closure of the *(MEETING LOCATION)* cafeteria, a box lunch will be available for *(COST)* from *(VENDORS)*. Options are below. Please make a selection for each day.

Day 1	
☐	(Option 1)
☐	(Option 2)
☐	(Option 3)
☐	(Option 4)

Day 2	
☐	(Option 1)
☐	(Option 2)
☐	(Option 3)
☐	(Option 4)