

# NIMH Outreach Partnership Program Annual Meeting Registration

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## **Sponsored Presenter Registration Data**

Please complete the information below:

First Name:

Middle Name:

Last Name:

Title [Please include your full position]:

Employer [Company, affiliation, etc.]:

Affiliations:

Address:

Address Line 2:

City:

State:

Zip Code:

Country:

Telephone:

Extension:

Cell phone number:

Badge Name:

Email Address:

## **Special Requirements**

Please provide any special requirements related to the Americans with Disabilities Act:

Do you need a sign language interpreter?

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### Travel Support

Please select whether you need travel support. If so, complete travel requirements below.

I do not require travel support and will make my own arrangements.

I do require travel support.

I plan to drive.

### Lodging

On behalf of NIMH, [contractor] will cover the cost of up to three (3) nights' room and tax at the [hotel] for your participation in this meeting. NIMH will begin cover lodging on [date]. Please indicate your arrival and departure dates.

Arrival date:

Departure date:

Type of room:

I do not need lodging

### Photo Release Information

I authorize National Institutes of Health to record and/or broadcast interviews, films, recordings, or photographs of me taken with my knowledge and in agreement with the NIMH Outreach Partnership Program Annual Meeting. The recordings may be used for NIH for the development, promotion, and broadcast or distribution in any medium or science, health, or educational programming. NIH is entitled to edit, copy, adapt, or translate the contribution and authorize others to do so in connection with NIH projects.

I Agree

I Disagree

### Speaker Materials

NIMH plans to make all speaker presentations available on a file sharing website for distribution after the meeting. The presentations will be saved in a format which does not allow alteration (i.e., pdf format) and you will be properly credited and cited as the author of the presentation. Please let us know if you agree to do this by checking one of the boxes below.

I grant permission to NIMH to post my presentation.

I do not grant NIMH permission to post my presentation.

I will provide an alternate presentation that can be posted.