## Request for Approval under the "Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)"

(OMB#: 0925-0740 Exp Date: 05/2019)

<b>T</b> ]	ITLE OF INFORMATION COLLEC	CTION:		
Pl	URPOSE:			
D	ESCRIPTION OF RESPONDENTS:			
T	YPE OF COLLECTION: (Check one)	)		
	Abstract	Application	on	
	Registration Form	Other:		
C	ERTIFICATION:			
1.	certify the following to be true:  The collection is voluntary.  The collection is low-burden for response to the collection is non-controversial an agencies.			
N	ame:			
To	assist review, please provide answers	to the following question:		
	ersonally Identifiable Information: Is personally identifiable information	(PII) collected?	Yes	No
2.	If Yes, is the information that will be Privacy Act of 1974?	collected included in records	s that are subje Yes	ect to the No

Gifts or Payments: Is an incentive (e.g., money or reimbursement of expenses, token of a	ppreciation) pr	ovided to
participants?	Yes	No
Amount:		
Explanation for incentive: (include number of visits, etc.)		

## **ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per	Time per	Total
		Respondent	Response	Burden
			(in hours)	Hours
Totals				

<b>Category of Respondent</b>	Total Burden	Wage Rate*	Total Burden
	Hours		Cost
Totals			

<sup>\*</sup>Cite source per bls.gov if applicable

## **FEDERAL COST:** The estimated annual cost to the Federal government is:

Staff	Grade/Step	Salary	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight				
Contractor Cost				
Other Cost				

1. Do you have a customer list or something similar that defines the ur respondents and do you have a sampling plan for selecting from this		ential
	Yes	No
If the answer is yes, please provide a description of both below (or attact the answer is no, please provide a description of how you plan to identification and how you will select them?		
Administration of the Instrument  1. How will you collect the information? (Check all that apply)		
Web-based or other forms of Social Media		
Telephone		
In-person		
Mail		
Survey form		
Chart Abstraction		
Other, Explain		
2. Will interviewers, facilitators, or research coordinators be used?	Yes	No

If of

Please make sure that all instruments, instructions, and scripts are submitted with the request.