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| OMB#: 0925-0740 Exp Date: 05/2019  Public reporting burden for this collection of information is estimated to average 5 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 (0925-0740). Do not return the completed form to this address.  Registration  **Please confirm your participation for the practicum below.**  Select the option that applies:   Select at least one option. **YES**, I plan to attend the Mary Frances Picciano Dietary Supplement Research Practicum in Bethesda, Maryland, May 29–31, 2019.  **NO**, I will not attend the Mary Frances Picciano Dietary Supplement Research Practicum in Bethesda, Maryland, May 29–31, 2019.  **Please note: All fields are required unless otherwise noted.** | |
| **Optional National Institutes of Health (NIH) Clinical Center Tour**  At the conclusion of this year’s practicum, on Friday, May 31, we are pleased to offer an optional tour. To register for a tour, please indicate your selection below.  **Yes, I plan to participate in the optional tour of the NIH Clinical Center after the practicum concludes on Friday, May 31.** A bus will take you to Building 10, and the tour will include:   * An overview of the NIH Clinical Center and its protocols * A walking tour of the Clinical Center * An overview and walking tour of the Metabolic Clinical Research Unit (specializes in the study of metabolism and obesity; includes indirect calorimetry rooms) and the Metabolic Kitchen within the Clinical Center.   The tour is scheduled from 1:30 p.m. to about 2:45 p.m.  **No, I do not plan to participate in a tour.** | |
| **Contact Information**  Please provide your information as requested below for practicum materials (e.g., name tags, attendee list). | |
| Salutation (optional) |  |
| First Name | Enter First Name. First Name field contains invalid characters: < > ; & ^ # ~ ` | \. Please remove. Maximum allowed characters = 150 in the First Name field. |
| Last Name | Enter Last Name. Last Name field contains invalid characters: < > ; & ^ # ~ ` | \. Please remove. Maximum allowed characters = 150 in the Last Name field. |
| Suffix (optional) |  |
| Affiliation (Institution/Company) | Maximum allowed characters = 100 in the Affiliation field. |
| Title or Position | Click or tap here to enter text.  For example: Assistant Professor, Postdoctoral Research Associate, Registered  Dietitian |
| Email | Enter Email. Enter a valid email address. Maximum allowed characters = 150 in the Email field. |
| Confirm Email  (Please re-type your email address here) |  |
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Accommodations:

Individuals with disabilities who need reasonable accommodation or who may require sign language to participate in this event should contact [ODSPracticum@mail.nih.gov](mailto:ODSPracticum@mail.nih.gov) or call (240) 453-2695. Requests should be made at least 10 days in advance of the event.