

**Request for Approval under the “Conference, Meeting, Workshop, and Poster  
Session Registration Generic Clearance (OD)”  
(OMB#: 0925-0740 Exp Date: 05/2019)**

---

**TITLE OF INFORMATION COLLECTION:**

**PURPOSE:**

**DESCRIPTION OF RESPONDENTS:**

**TYPE OF COLLECTION:** (Check one)

Abstract

Application

Registration Form

Other:

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.

Name:

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

- |   |     |    |
|---|-----|----|
| 1. Is personally identifiable information (PII) collected?  | Yes | No |
| 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? | Yes | No |

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided 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 Respondent | Time per Response (in hours) | Total Burden Hours |
|------------------------|--------------------|---------------------------------|------------------------------|--------------------|
|                        |                    |                                 |                              |                    |
|                        |                    |                                 |                              |                    |
|                        |                    |                                 |                              |                    |
|                        |                    |                                 |                              |                    |
| <b>Totals</b>          |                    |                                 |                              |                    |

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

\*Cite source per bls.gov if applicable

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

| Staff                    | Grade/Step | Salary | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|--------------------------|------------|--------|-------------|------------------------|---------------------|
| <b>Federal Oversight</b> |            |        |             |                        |                     |
|                          |            |        |             |                        |                     |
|                          |            |        |             |                        |                     |
| <b>Contractor Cost</b>   |            |        |             |                        |                     |
|                          |            |        |             |                        |                     |
| Travel                   |            |        |             |                        |                     |
| Other Cost               |            |        |             |                        |                     |
|                          |            |        |             |                        |                     |

### **The selection of targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents 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

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