

[!] This event is in TEST mode.

FIFTH ANNUAL BRAIN Initiative Investigators Meeting

[NIH BRAIN Initiative Home](#)

[Contact NINDS Office](#)

Public reporting burden for this collection of information is estimated to vary from 10 minutes to 45 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.

Fill out the information below, then click "Next" to proceed.

To return any previous page, use the "Previous" button at the bottom of the form and NOT your browser back button.

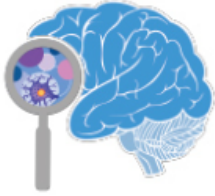
*First Name:	<input type="text"/>
*Last Name:	<input type="text"/>
*Email Address:	<input type="text"/>
*Re-enter Email Address:	<input type="text"/>

[Already Registered?](#)

Cancel

Next ▶

[NIH Homepage](#) | [Accessibility](#) | [Freedom of Information Act](#) | [Privacy Policy](#) | [USA.gov](#)
National Institute of Neurological Disorders and Strokes Offices • 6001 Executive Boulevard • Bethesda, MD 20892-9531



[!] You are in EVENT PREVIEW mode

FIFTH ANNUAL BRAIN Initiative Investigators Meeting

[NIH BRAIN Initiative Home](#)

[Contact NINDS Office](#)

Fill out the information below, then click "Save and Next" to proceed.

To return any previous page, use the "Previous" button at the bottom of the form and NOT your browser back button.

Personal Information

First Name: NINDS

Last Name: Participant

Email Address: ParticipantReg@test1.com

***Prefix:**

***Job Title:**

***Company/Organization/Institution
Name:**

Work Address:

Country: USA

Address:

City:

State/Province:

ZIP/Postal Code:

Work Phone:

Would you like to be included on the participant list, which is posted on the event website?

Yes No

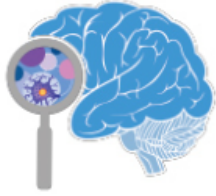
Cancel

Save

Save and Next ▶

[NIH Homepage](#) | [Accessibility](#) | [Freedom of Information Act](#) | [Privacy Policy](#) | [USA.gov](#)

National Institute of Neurological Disorders and Strokes Offices • 6001 Executive Boulevard • Bethesda, MD 20892-9531



[?] You are in EVENT PREVIEW mode

FIFTH ANNUAL

BRAIN Initiative Investigators Meeting

[NIH BRAIN Initiative Home](#)

[Contact NINDS Office](#)

Registration Questions

***Please indicate your gender:**

- Female
- Male
- Prefer not to answer
- Other

***Please indicate your race/ethnicity:**

- Black/African America
- Hispanic/Latino
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- Asian
- White/Caucasian
- Prefer not to answer

Please indicate if you have a disability e.g. a physical/mental impairment that substantially limits one or more major life activities:

- Yes No

***Pursuant to the Americans with Disabilities Act, do you require specific aids or services?**

- Yes No

[◀ Previous](#)

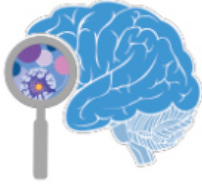
[Cancel](#)

[Save](#)

[Save and Next ▶](#)

[NIH Homepage](#) | [Accessibility](#) | [Freedom of Information Act](#) | [Privacy Policy](#) | [USA.gov](#)

[National Institute of Neurological Disorders and Strokes Offices](#) • 6001 Executive Boulevard • Bethesda, MD 20892-9531



[!] You are in EVENT PREVIEW mode

FIFTH ANNUAL BRAIN Initiative Investigators Meeting

[NIH BRAIN Initiative Home](#)

[Contact NINDS Office](#)

Registration Questions

Your Attendance

***Please select your attendee type:**

- a. Scientist: I am a staff scientist and/or I have completed my post-doctoral training. I continue to perform experiments as a researcher on a federally-funded BRAIN project or BRAIN-related research project with another funding source.
- b. Trainee: I am a post-doctoral trainee or earlier stage in my education and I may perform research for a federally-funded BRAIN project or BRAIN-related research project with another funding source.
- c. Other

***You have indicated that your Attendee Type is "Other" (e.g. Federal Staff, Media/Press, Patient/Advocacy Group, or Staffer/Member of Congress, etc.). Please describe your involvement?**

***How many times have you previously attended the annual BRAIN Initiative PI Meeting?**

- 0
- 1 - 2
- 3+

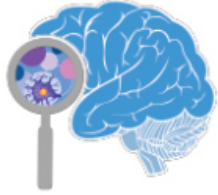
◀ Previous

Cancel

Save

Save and Next ▶

[NIH Homepage](#) | [Accessibility](#) | [Freedom of Information Act](#) | [Privacy Policy](#) | [USA.gov](#)
National Institute of Neurological Disorders and Strokes Offices • 6001 Executive Boulevard • Bethesda, MD 20892-9531



[!] You are in EVENT PREVIEW mode

FIFTH ANNUAL BRAIN Initiative Investigators Meeting

[NIH BRAIN Initiative Home](#)

[Contact NINDS Office](#)

Registration Questions

Your Research Field or Discipline

Had you worked in the field of Neuroscience prior to participating in the BRAIN Initiative?

- Yes
 No

Aside from Neuroscience, what would you currently consider to be your primary field of research?

- i. Biochemistry or Molecular and Cellular Biology
 ii. Bioinformatics, Statistics, or Applied Mathematics
 iii. Chemistry
 iv. Clinical Sciences
 v. Computational Biology
 vi. Computer Science
 vii. Engineering
 viii. Ethics, Philosophy, or Law
 ix. Genetics/Genomics
 x. Neuroimaging/Radiology
 xi. Physiology or Systems Biology
 xii. Physics
 xiii. Psychology or Behavioral Sciences
 Other (please specify):

Continued from previous page

Aside from Neuroscience, what would you currently consider to be your secondary field of research (if applicable)?

- i. Biochemistry or Molecular and Cellular Biology
- ii. Bioinformatics, Statistics, or Applied Mathematics
- iii. Chemistry
- iv. Clinical Sciences
- v. Computational Biology
- vi. Computer Science
- vii. Engineering
- viii. Ethics, Philosophy, or Law
- ix. Genetics/Genomics
- x. Neuroimaging/Radiology
- xi. Physiology or Systems Biology
- xii. Physics
- xiii. Psychology or Behavioral Sciences
- Other (please specify):

What kind of training, if any, have you provided to the scientific community (please select all that apply):

- a. None thus far.
- b. Giving advice to colleagues on a case-by-case basis.
- c. Temporarily hosting outside researchers in your lab to train them in techniques/tools your lab has developed.
- d. Creating online, open-access materials/tutorials/protocols for the community.
- e. Hosting or presenting workshops/training courses.
- Other training to those beyond your immediate lab:

◀ Previous

Cancel

Save

Save and Next ▶

[NIH Homepage](#) | [Accessibility](#) | [Freedom of Information Act](#) | [Privacy Policy](#) | [USA.gov](#)
National Institute of Neurological Disorders and Strokes Offices • 6001 Executive Boulevard • Bethesda, MD 20892-9531



[!] This event is in TEST mode.

FIFTH ANNUAL BRAIN Initiative[®] Investigators Meeting

[NIH BRAIN Initiative Home](#)

[Contact NINDS Office](#)

Registration Questions

Your Project Resources

We are interested in learning more about the resources that you have produced as a result of your BRAIN project(s). Please provide website URLs, a short title/description, and the specific BRAIN project for which the resource was developed by using the form below. These URLs may be added to the NIH BRAIN Initiative website to facilitate distribution among the research community.

Do you receive federal funding through the BRAIN Initiative?

Yes No

Please indicate the number of BRAIN projects with which you are affiliated. You will have the opportunity to provide information on each project:

- 1 project
- 2 projects
- 3 projects
- 4 projects
- 5 projects

i. Please select your funding source from the drop down:

ii. Please provide the project/grant number of your BRAIN project:

iii. Please provide the URL for any publicly available data (e.g. in a data repository):

iv. Please provide the URL for any available software:

v. Please provide the URL for any available training materials:

vi. Please provide the URL for any reagents/animals shared in a repository:

vii. Please provide the URL for any other associated resources:

[◀ Previous](#)

[Cancel](#)

[Save](#)

[Save and Next ▶](#)

[NIH Homepage](#) | [Accessibility](#) | [Freedom of Information Act](#) | [Privacy Policy](#) | [USA.gov](#)
National Institute of Neurological Disorders and Strokes Offices • 6001 Executive Boulevard • Bethesda, MD 20892-9531



[!] This event is in TEST mode.

FIFTH ANNUAL BRAIN Initiative Investigators Meeting

[NIH BRAIN Initiative Home](#)

[Contact NINDS Office](#)

Registration is almost complete! All BRAIN Initiative projects must be represented by ONE (1) poster during the poster sessions, which requires ONE (1) associated abstract submission. Please note that BRAIN-funded F32 fellowship recipients are expected to submit an abstract and present a poster on their work as the Principle Investigator of the project.

Trainee Travel Award Eligibility: F32 fellowship recipients and recipients of BRAIN Diversity Supplements are not eligible for the travel award.

Note: If you are interested in submitting a Symposium proposal, Research Highlight Talk, Trainee Travel Award, or general poster abstract, you can access your registration record at any time and change the type of your submission or select another category for submission.

Submission deadlines:

- Symposia Submissions – November 30, 2018
- Research Highlight Talk Submissions – January 31, 2019
- Trainee Travel Award Submissions – January 31, 2019
- General Poster Abstract Submissions – March 11, 2019

NINDS Participant

I would like to complete a symposium proposal and I am prepared to be the (co-) organizer of this symposium if it is selected.

I would like to complete the abstract submission on behalf of (one of) my BRAIN Initiative project, and I DO want it to be considered for a Research Highlight Talk or Trainee Travel Award. Note: Trainees are expected to submit their own abstract that relates to a broader BRAIN Initiative project. Trainee abstracts do NOT supplant the overall project abstract or poster. Eligible trainees cannot have advanced beyond the postdoctoral stage of their education.

I would like to complete the abstract submission on behalf of (one of) my BRAIN Initiative project, but we do NOT want this abstract to be considered for a Research Highlight Talk or Trainee Travel Award.

NO, I will NOT be completing the abstract submission process.

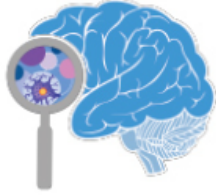
[◀ Previous](#)

[Cancel](#)

[Next ▶](#)

[NIH Homepage](#) | [Accessibility](#) | [Freedom of Information Act](#) | [Privacy Policy](#) | [USA.gov](#)

[National Institute of Neurological Disorders and Strokes Offices](#) • 6001 Executive Boulevard • Bethesda, MD 20892-9531



[!] This event is in TEST mode.

FIFTH ANNUAL BRAIN Initiative Investigators Meeting

[NIH BRAIN Initiative Home](#)

[Contact NINDS Office](#)

Answer the questions below and then click Next.

NINDS Participant

I would like to complete the abstract submission on behalf of (one of) my BRAIN Initiative project, but we do NOT want this abstract to be considered for a Research Highlight Talk or Trainee Travel Award.

Because you will be completing the submission process, you will receive two (2) emails, once you have completed this registration process.

- 1. Your Official Registration Confirmation.**
- 2. Your link to the Submission System.**

[◀ Previous](#)

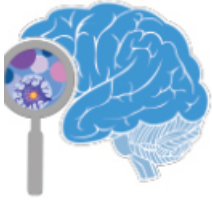
[Cancel](#)

[Save](#)

[Save and Next ▶](#)

[NIH Homepage](#) | [Accessibility](#) | [Freedom of Information Act](#) | [Privacy Policy](#) | [USA.gov](#)

[National Institute of Neurological Disorders and Strokes Offices](#) • 6001 Executive Boulevard • Bethesda, MD 20892-9531



[!] This event is in TEST mode.

FIFTH ANNUAL

BRAIN Initiative

Investigators Meeting

[NIH BRAIN Initiative Home](#)

[Contact NINDS Office](#)

our registration is not yet complete. This page displays a summary of your registration. You may edit this information by clicking the "edit" link next to your name. When you have completed reviewing/editing your information, please click Finish.

Review Your Information Before Submitting

NINDS Participant

Cancel

Add Person

Finish

NINDS Participant [\(Edit\)](#)

Email Address:

ParticipantReg@test1.com

Prefix:

Mr.

Job Title:

Head Tester

Company/Organization/Institution Name:

Event Team

Work Phone:

Work Address:

USA

Cancel

Add Person

Finish

[NIH Homepage](#) | [Accessibility](#) | [Freedom of Information Act](#) | [Privacy Policy](#) | [USA.gov](#)

[National Institute of Neurological Disorders and Strokes Offices](#) • 6001 Executive Boulevard • Bethesda, MD 20892-9531