OMB Control #0693-XXXX

Expiration Date: XX/XX/XXXX

**National Cybersecurity Career Awareness Week Event and Activity Portal**

[\* indicates a required field]

Information collected on this page will be published to a public-facing web site on nist.gov/nice/nccaw.

**Contact Information**

**Name** \*

**Organization’s Name**\*

**Email Address**\*

**Phone Number** \* ###-###-####

**Website**

**Event or Activity Information**

**What type of event or activity are you planning** (select all that apply)?

* Issue a proclamation in support of National Cybersecurity Career Awareness Week
* Develop an Op-Ed or blog for your local media or social media outlets
* Develop and release a short video telling “your cybersecurity career story”
* Provide a blog, article, video, or other resources to the NICE Program Office
* Host an event
* Other (please describe)

**Event Title**\*

**Type of Event you plan to Host**\*

Open House/Facilities Tour

Event in community to present/talk about careers in cybersecurity

Job shadowing day or week

Careers exhibition

Career fair

Internship/externships/scholarship briefing

Classroom/School speaker

Classroom activities related to careers in cybersecurity

Other (please describe)

**Start Date of Event**\* MM / DD / YEAR

**Start Time of Event**\* HH : MM AM/PM

**End Date of Event**\* MM / DD / YEAR

**End Time of Event**\* HH : MM AM/PM

**Event Host Affiliation (example: Industry, Government, Non-Profit Organization, K12, Higher Education, Etc.)** \*

**How many attendees do you plan to impact?** \*

**How will you measure impact and success?**

**Description of the event**\*

**Is this event by-invite-only or open to the public?** \*

* Invitation Required
* Public

**Who is the primary target audience?** \*

* K12 students
* College/University students
* Parents
* Teachers/Faculty
* Administrators
* Job-seekers
* Employers
* Non-profit organizations

**Please provide the event location information below:**\*

**Event Location**

 **Site Name**\*

 **Street Address**\*

 **Address Line 2**

 **City**\*

 **State**\*

 **Postal/Zip Code**\*

 **Country**

**Point of Contact**

 **Name** First Last

 **Email Address**

 **Phone Number** ###-###-####

**Is this a multi-site event?**

* Yes
* No

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**MEASSAGE AFTER FINISHED:**

Thank you for your submission. Your event or activity will be added to our list shortly. Should you have any questions or concerns, please contact the NICE Program Office at nccaw@nist.gov.

Click here to go back to the event and activity list website.

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