

## The Interagency Collaborative Animal Research Education (ICARE) Project

<https://olaw.nih.gov/education/icare-interagency> aims to empower IACUCs and their institutions to improve animal welfare and thus increase the quality of data collected, and increase compliance with federal standards while minimizing regulatory burden.

For Questions Contact:

Erin Heath, CMP • Event Source Professionals Inc. • O: 972.712.0035 • M: 214.282.6780 • E: [erin@espinc-usa.com](mailto:erin@espinc-usa.com)

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*The ICARE training programs are supported by the ICARE Project, an interagency initiative of the NIH Office of Laboratory Animal Welfare (OLAW), the USDA Animal and Plant Health Inspection Service (APHIS), the National Science Foundation (NSF), the Food and Drug Administration (FDA), the Department of Veterans Affairs (VA) and the Biomedical Advanced Research and Development Authority (BARDA) of the Department of Health & Human Services.*



National Institutes of Health  
Office of Laboratory Animal Welfare



# ICARE



Interagency Collaborative Animal Research Education

OMB # 0925-0740 Expiration Date: July 31, 2022 Public reporting burden for this collection of information is estimated to average 2 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.

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This event is in test mode.

Please do not use this form for any real registrations. The registrations made through the test form will not be valid.



\* = required field

## REGISTRATION FOR: ICARE DIALOGUES

As part of this registration, there are 3 ICARE Dialogue dates offered. You may choose 1, 2 or 3 dates in which to participate. **Space is limited** in each but additional dates may be added if needed.

**Email Address \***

**Choose A Password**

Creating a password lets you log back in to modify your registration, and speeds up your next registration.

**Repeat Your Password**

**CONTINUE** →

[Already Registered? View or modify your existing registration](#)

For Questions Contact:

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**CONSENT:** By registering for ICARE Dialogues, you consent to authorize Event Source Professionals Inc. (ESP), NIH OLAW and the ICARE Program to collect your contact and other demographic information for information purposes and that you consent for ESP Inc., NIH OLAW and the ICARE faculty to contact you via email, mail or phone regarding ICARE Dialogues.

**Consent to collect my contact information and to contact me about ICARE Dialogues. \***

Yes, I consent.

Consent is required for your registration for ICARE Dialogues.

Prefix (Mr., Mrs., etc.)

First Name \*

Last Name \*

Suffix

Institution/Organization \*

Work Phone

 (201) 555-0123

CC Email

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## Registrant Details

Click the "Add Another Person" button to add a new person to your group. Click the edit icon to make changes to an existing person, or the delete icon to remove someone from your group.

**Full Name**

**Email Address**

**Institution/Organization**

*Sample Full Name*

*Sample Email Address*

*Sample Institution/Organization*



**ADD ANOTHER PERSON**

## Finished adding people to your group?

Just click the "Continue" button below to continue with your registration.

**CONTINUE**

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 Changes to your registration are not final until you have reached the Confirmation page.

## ICARE DIALOGUES TOPICS

You are invited to participate in 1, 2 or all 3 ICARE Dialogues. Please review the topics below and select the one(s) you would like to participate in.

### IMPORTANT: PARTICIPANT OBLIGATIONS

1. Attend session(s) for which you register.
  2. Provide demographics and feedback.
- If you register and do not attend, you will deprive a colleague of the opportunity to participate. If your plans change, please inform us ASAP (not later than 48 hours in advance) at [erin@espinc-usa.com](mailto:erin@espinc-usa.com) or **214-282-6780** so that we may offer your space to a waitlisted colleague. Other participants from your **INSTITUTION** may be denied the opportunity to register for future sessions of **ICARE Dialogues** if, as a registered participant, you do not cancel in advance.
  - Please partner with us by providing demographic information at registration and feedback through a pre and post session survey. Your demographics and feedback will enable us to design more targeted and effective programs to better serve your needs.


All ICARE Dialogues will occur at 1 PM - 3 PM Eastern (12 PM - 2 PM Central • 11 AM - 1 PM Mountain • 10 AM - 12 PM Pacific)

All sessions will include Closed Captioning.

### Select Your Session(s):

Name	Description
<b>Wednesday, July 22, 2020</b>	
<input type="checkbox"/> ICARE Dialogue 1, July 22, 2020, 1 PM - 3 PM EST	Using Flexibility Provided in the PHS Policy and the AWAR. Optimizing Animal Welfare During the Pandemic Crisis.
<b>Thursday, July 30, 2020</b>	
<input type="checkbox"/> ICARE Dialogue July 30, 2020, 1 PM - 3 PM EST	Impact of Diversity, Inclusivity, and Race Relations on ACUPs and Personnel.
<b>Tuesday, August 4, 2020</b>	
<input type="checkbox"/> ICARE Dialogue Aug 4, 2020, 1 PM - 3 PM EST	Integrating Pandemic Restrictions Into Policies and Programs. Managing Teams Across Multiple Locations.

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Since your event is currently in "draft" mode, emails will only be sent to the email addresses of users in your account. This is to prevent emails accidentally being sent to invalid "test" emails often used when testing registrations such as "test@test.com". Once your event is live, this restriction is lifted and emails will be sent to all email addresses.

## Thanks For Registering

We look forward to seeing you at the event.

## Registrant Details

Full Name	Email Address	Institution/Organization
Ms. Erin Heath CMP	erin@espinc-usa.com	Event Source Professionals Inc.



 **MODIFY REGISTRATION**

 **ADD TO CALENDAR**

## ICARE Dialogue Sessions

Selection	Quantity
<b>Ms. Erin Heath CMP</b>	
ICARE Dialogue July 22, 2020, 1 PM - 3 PM EST	1
ICARE Dialogue July 30, 2020, 1 PM - 3 PM EST	1
ICARE Dialogue Aug 4, 2020, 1 PM - 3 PM EST	1

**All Sessions are held at 1 PM - 3 PM Eastern Time** (12 PM - 2 PM Central, 11 AM - 1 PM Mountain, 10 AM - 12 PM Pacific).

If you choose "ADD TO CALENDAR", the calendar file will default to your time zone set on your device through which you registered.

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**From:** [Erin Heath, ESP for ICARE Programs](#)  
**To:** [erin@xcelevents.us](mailto:erin@xcelevents.us)  
**Subject:** ICARE Dialogues 2020 - Virtual Registration Confirmation  
**Date:** Tuesday, June 30, 2020 3:18:04 PM

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Thank you for registering for ICARE Dialogues 2020 - Virtual

Name: Erin Heath  
XcelEvents  
Confirmation #: 4893610

**Your application has been received and is being reviewed. *You will be sent an email confirmation within 2 days.***

You registered for the following ICARE Dialogue session(s):  
ICARE Dialogue Aug 4, 2020, 1 PM - 3 PM EST, ICARE Dialogue July 22, 2020, 1 PM - 3 PM EST, ICARE Dialogue July 30, 2020, 1 PM - 3 PM EST

**All Sessions are held at 1 PM - 3 PM Eastern Time** (12 PM - 2 PM Central, 11 AM - 1 PM Mountain, 10 AM - 12 PM Pacific).

All sessions will include Closed Captioning.

On your registration confirmation page, if you chose "ADD TO CALENDAR", the calendar file will default to your time zone set on your device through which you registered. If you did not do this, you can click on your registration link below and choose "Add to Calendar":

[Click here to review or update your registration](#)

We look forward to seeing you at the event!

Thank you,  
Erin Heath  
Event Source Professionals Inc. for ICARE Dialogues  
[erin@espinc-usa.com](mailto:erin@espinc-usa.com)

## ICARE DIALOGUES REGISTRATIO

### Registration Status

Confirmed

Not Confirmed

### Approval Status

Approved

Not approved

### Email address

Open field

### Prefix

Dr.

Mrs.

Ms.

Mr.

### First Name

Open field

### Last Name

Open field

### Organization Name

Open field

### Work Phone

Open field

### Gender

Female

Male

Transgender

Choose not to answer

### Education

PhD

MD/DO

DVM

JD



MA/MS

BA/BS

AA

Other (open field)

Age Range

18-33 years

34-48 years

49-64 years

65 years and above

Prefer not to say

Race

Native American or Alaska Native

Black/African American

Native Hawaiian or Other Pacific Islander

Asian

White

Prefer not to say

IACUC Member

Yes

No

Role

IACUC (e.g., chair, member, director, administrator, staff, ad hoc)

Compliance, PAM, training

Animal Care and use operations (e.g., clinical vet, facility management te

Animal program administration (e.g., IO, dean)

Years of Experience in Role

1 year - 3 years

4 years - 7 years

8 years - 11 years

12 years - 15 years

16+ years

Type of Institution

Academic

Research

For profit

Government

Non profit

Other [open field]

Oversight Agency(s) (Check all that apply)

USDA
PHS/OLAW
VA
NSF
FDA
DoD
NASA
BARDA
I don't know

Type(S) of Research  
your IACUC Oversees  
(Check all that apply)

Agriculture
Biomedical
Biosecurity/high risk/BSL-3 or BSL-4
GLP (Good Laboratory Practice, FDA)
Toxicology
Wildlife
Other (open field)
I don't know

Registrant ID

**Consent**

By registering for the ICARE Dialogues, you consent to authorize Event Source Professionals, Inc. (ESPI) to collect your contact and other demographic information for information purposes and that you consent to contact you via email, mail or phone regarding the ICARE Program. Consent is required for your registration for the ICARE Dialogues.

OMB # 0925-0740 Expiration Date: July 31, 2022 Public reporting burden for this collection of information is estimated to average 3 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.