

National Institutes of Health Sexual & Gender Minority Research Regional Workshop



April 2, 2020

The Ohio State University
The Fawcett Center
2400 Olentangy River Road
Columbus, OH



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Registration

Registration deadline XX day, Month XX, 2020

OMB Number: 0925-0740 Exp Date: 07/31/2022

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Please note: Only fields with an * are required unless otherwise noted.

*** First Name**

*** Last Name**

Pronoun(s)

Fill in the blank.

*** Email**

*** Phone**

Enter a valid U.S. or International number format

Degree

TIP: Hold the CTRL/Command key while clicking to select more than one degree

Other Degree

If "other" please specify

Years since you completed most recent degree

- 1-2
- 3-5
- 5-10
- 10 or more

*** Address 1**

Address 2

*** City**

*** State**

*** Zipcode**

Are you currently supported by NIH funding?

- Yes
- No
- N/A (NIH Staff)

If yes, what type of NIH funding do you currently have?

- R-series
- K-series
- F-series
- Other (please specify)

Other

If yes, what is your role on the NIH grant(s) that support your salary? (all that apply)

PI / Co-PI
Co-Investigator
Consultant
Mentor
Other research role
Other (please specify)

TIP: Hold the CTRL/Command key while clicking to select more than one

Other

Do you plan to submit a new application for NIH funding?

- Yes, within the next 1 - 2 years
 Yes, more than two years from now
 No
 N/A (NIH Staff)

**Which of these NIH institutes and centers do you plan to apply to or currently receive funding from?
(all that apply)**

FIC
NCCAM
NCI
NCMHD
NCRR
NEI
NHGRI
NHLBI

TIP: Hold the CTRL/Command key while clicking to select more than one

Describe your area of research.

Describe your populations of interest.

Type of registration requested for this workshop.

- Student
 Postdoc
 Research Investigator
 Invited Presenter or Moderator
 NIH Representative

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