



Request to Register iEdison Organization

All fields listed below that are marked with an asterisk (*) are required. Fill out the fields below and then choose "Submit" to submit your request. Providing any federal funding agreement number that the Institution has received at anytime in the past will facilitate making a positive identification of the grantee/contractor Institution.

Grantee/Contractor Organization Name ?

* Grantee/Contractor Organization Name

Individual Registration

* Organization DUNS

* OTT Address

OTT Address Line 2

OTT Address Line 3

OTT Address Line 4

* City

* State [Required if country is US]

* Zip

* Country

* OTT Phone (999) 999-9999 ext.

OTT Fax (999) 999-9999

* Funding Agreement Number

* Awarding Federal Agency **Note:"OTHER" is NOT a valid Awarding Federal Agency**

Extramural Technology Transfer Administrator who will manage accounts for the Organization ?

Prefix (e.g. Dr., Ms., Rev.)

* First Name

Middle Name

* Last Name

Suffix (e.g. Jr., Nobel)

* Title

* E-mail Address

* Phone (999) 999-9999 ext.

Fax (999) 999-9999

* Requested Username (6 - 20 characters)

Contact for Person on fax form ?

This section is for information about the signatory for the extramural organization. If the signatory is the same as the Extramural Office of Technology Transfer Administrator, check here and do not fill in the fields below.

Prefix (e.g. Dr., Ms., Rev.)

* First Name

Middle Name

* Last Name

Suffix (e.g. Jr., Nobel)

* Title

* E-mail Address

* Phone (999) 999-9999 ext.

Fax (999) 999-9999

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