

# Myofascial Pain Workshop

Registration Form Screenshots - 7/2/2020

## REGISTRATION

OMB No.: 0925-0740  
Expiration Date: 7/31/2022

Public reporting burden for this collection of information is estimated to average 10 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.

Please complete the following form to register for the NIH HEAL Initiative Workshop on Myofascial Pain.

**Registration Deadline: Tuesday, September 8, 2020**

If you need to update your registration, please [click here](#).  
You must use your official registered email address to access your registration.

\* Denotes a Required Field.

### CONTACT INFORMATION

* Prefix:	<input type="text" value="--Select--"/>
* First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
* Last Name:	<input type="text"/>
Degree(s):	<input type="text" value="--Select--"/>
* Title:	<input type="text"/>
Division:	<input type="text"/>
Affiliation:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
* State:	<input type="text" value="--Select State--"/>
* Country:	<input type="text" value="United States of America"/>
Postal Code:	<input type="text"/>
Phone:	<input type="text"/>
Phone Ext.:	<input type="text"/>
Fax:	<input type="text"/>
* Email:	<input type="text"/>

Figure 1. Registration Page - Part 1 of 2

**ASSISTANT INFORMATION**

First Name:

Last Name:

Phone:

Email:

**ATTENDEE TYPE**

\* Please select your Attendee Type.

\* Attendee Type:

**PREFERRED PLATFORM**

\* The NIH HEAL Initiative Workshop on Myofascial Pain will be available on two platforms, Zoom Webinar and NIH VideoCast. The Zoom Webinar platform will allow attendees to submit questions to panelists during interactive sessions. The NIH VideoCast platform will allow attendees to watch a live meeting broadcast with closed-caption capabilities.

Interactive Zoom Webinar

NIH VideoCast

**SPECIAL ACCOMMODATIONS**

If you require an assistive device, service, or other reasonable accommodation to participate in this event, please list below or contact Ms. Desiree Tucker to discuss your needs at 240-752-7237, or via email at [dtucker@novaresearch.com](mailto:dtucker@novaresearch.com). Please notify at least 10 days prior to the workshop for accommodations.

Special Accommodations

**Register »**

Figure 2. Registration Page - Part 2 of 2