

# NCI Patient Advocate Steering Committee (PASC) Meeting

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Fill out the information below, then click Next to proceed. If you experience any difficulties when registering for the meeting, please contact Julia Poms [julia.poms@nih.gov](mailto:julia.poms@nih.gov) or Michelle Watson: [michelle.watson@nih.gov](mailto:michelle.watson@nih.gov) for assistance.

## Personal Information

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**First Name:**

**Last Name:**

**Email Address:**

**Assistant Email:**

**Degree:**

**\*Affiliation/Institute:**

**\*Job Title:**

**\*Department/Division:**

## Contact Information

**Work Address:**

**\*Address:**

**\*City:**

**State/Province:**

**\*ZIP/Postal Code:**

**\*Country:**

**\*Work Phone:**

Pursuant to the Americans with Disabilities Act, do you require specific aids or services?

Will you be attending the March 26, 2020 dinner?

Yes

No

# NCI Patient Advocate Steering Committee (PASC) Meeting

Your registration is almost complete. Please review your registration below and if everything is correct, click Next or Finish.

## Registration Summary

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**Name** [\(Edit\)](#)

**Email Address:**

**Assistant Email:**

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**Degree:**

**Affiliation/Institute:**

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**Job Title:**

**Department/**

**Division:** CMRP

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**Work Phone:**

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**Work Address:**

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## Questions

### REGISTRANT INFORMATION

*Pursuant to the Americans with Disabilities Act, do you require specific aids or services?*

*Will you be attending the March 26, 2020 dinner?*

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