

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 or Michelle Watson: michelle.watson@nih.gov for assistance.

Personal Information

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

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

Registration Summary

Name [\(Edit\)](#)

Email Address:

Assistant Email:

Degree:

Affiliation/Institute:

Job Title:

Department/

Division: CMRP

Work Phone:

Work Address:

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?
