

Step 1

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# SIXTH ANNUAL BRAIN Initiative<sup>®</sup> Investigators Meeting

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OMB#: 0925-0740 Exp Date: 07/2022

Public reporting burden for this collection of information is estimated to vary from 10 minutes to 45 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 aspects 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

Fill out the information below, then click "Next" to proceed.  
To return any previous page, use the "Previous" button at the bottom of the form and NOT your browser back button.


|                                 |  |
|---------------------------------|--|
| <b>*First Name:</b>             | <input style="width: 80%;" type="text"/> |
| <b>*Last Name:</b>              | <input style="width: 80%;" type="text"/> |
| <b>*Email Address:</b>          | <input style="width: 80%;" type="text"/> |
| <b>*Re-enter Email Address:</b> | <input style="width: 80%;" type="text"/> |

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# Registration System

## Step 2

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Fill out the information below, then click "Save and Next" to proceed.  
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### Personal Information

|  |                      |
|--|----------------------|
| <b>First Name:</b>                             | test                 |
| <b>Last Name:</b>                              | test                 |
| <b>Email Address:</b>                          | test@infinity.aa     |
| <b>*Prefix:</b>                                | <input type="text"/> |
| <b>*Job Title:</b>                             | <input type="text"/> |
| <b>*Company/Organization/Institution Name:</b> | <input type="text"/> |

**Work Address:**

|                         |                                  |
|-------------------------|----------------------------------|
| <b>Country:</b>         | <input type="text" value="USA"/> |
| <b>Address:</b>         | <input type="text"/>             |
|                         | <input type="text"/>             |
| <b>City:</b>            | <input type="text"/>             |
| <b>State/Province:</b>  | <input type="text"/>             |
| <b>ZIP/Postal Code:</b> | <input type="text"/>             |
| <b>Work Phone:</b>      | <input type="text"/>             |

Would you like to be included on the participant list, which is posted on the event website?

Yes    No

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## Registration Questions

**\*Please indicate your gender:**

Female  
 Male  
 Prefer not to answer  
 Other

**\*Please indicate your race/ethnicity:**

Black/African American  
 Hispanic/Latino  
 American Indian/Alaska Native  
 Native Hawaiian/Pacific Islander  
 Asian  
 White/Caucasian  
 Prefer not to answer


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

Yes    No

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## Registration Questions

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### Your Attendance

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**\*Please select your attendee type:**

a. Scientist: I am a staff scientist and/or I have completed my post-doctoral training. I continue to perform experiments as a researcher on a federally-funded BRAIN project or BRAIN-related research project.

b. Trainee: I am a post-doctoral trainee, medical resident or earlier stage in my education, and I may support a federally-funded BRAIN project or BRAIN-related research project.

c. Other

**\*How many times have you previously attended the annual BRAIN Initiative PI Meeting?**

0

1 - 2

3+

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## Registration System

### Step 5



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### Registration Questions

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#### Your Research Field or Discipline

Had you worked in the field of Neuroscience prior to participating in the BRAIN Initiative?

Yes  
 No

Aside from Neuroscience, what would you currently consider to be your primary field of research?

- i. Biochemistry or Molecular and Cellular Biology
- ii. Bioinformatics, Statistics, or Applied Mathematics
- iii. Chemistry
- iv. Clinical Sciences
- v. Computational Biology
- vi. Computer Science
- vii. Engineering
- viii. Ethics, Philosophy, or Law
- ix. Genetics/Genomics
- x. Neuroimaging/Radiology
- xi. Physiology or Systems Biology
- xii. Physics
- xiii. Psychology or Behavioral Sciences
- Other (please specify):

---

Aside from Neuroscience, what would you currently consider to be your secondary field of research (if applicable)?

- i. Biochemistry or Molecular and Cellular Biology
- ii. Bioinformatics, Statistics, or Applied Mathematics
- iii. Chemistry
- iv. Clinical Sciences
- v. Computational Biology
- vi. Computer Science
- vii. Engineering
- viii. Ethics, Philosophy, or Law
- ix. Genetics/Genomics
- x. Neuroimaging/Radiology
- xi. Physiology or Systems Biology
- xii. Physics
- xiii. Psychology or Behavioral Sciences
- Other (please specify):

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What kind of training, if any, have you provided to the scientific community (please select all that apply):

- a. None thus far.
- b. Giving advice to colleagues on a case-by-case basis.
- c. Temporarily hosting outside researchers in your lab to train them in techniques/tools your lab has developed.
- d. Creating online, open-access materials/tutorials/protocols for the community.
- e. Hosting or presenting workshops/training courses.
- Other training to those beyond your immediate lab:

## Registration System

### Step 6, Answer 'No' to "Do you receive federal funding through the BRAIN Initiative?"

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## Registration Questions

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### Your Project Resources

We are interested in learning more about the resources that you have produced as a result of your BRAIN project(s). Please provide website URLs, a short title/description, and the specific BRAIN project for which the resource was developed by using the form below. These URLs may be added to the NIH BRAIN Initiative website to facilitate distribution among the research community.

Do you receive federal funding through the BRAIN Initiative?

Yes       No

You may disregard the next question below. Please click the red "Save and Next" button at the bottom of this page to continue your registration

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Please indicate the number of BRAIN projects with which you are affiliated. You will have the opportunity to provide information on each project:

1 project  
 2 projects  
 3 projects  
 4 projects  
 5 projects


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## Registration System

### Step 6, Answer 'Yes' to "Do you receive federal funding through the BRAIN Initiative?"

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## Registration Questions

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### Your Project Resources

We are interested in learning more about the resources that you have produced as a result of your BRAIN project(s). Please provide website URLs, a short title/description, and the specific BRAIN project for which the resource was developed by using the form below. These URLs may be added to the NIH BRAIN Initiative website to facilitate distribution among the research community.

Do you receive federal funding through the BRAIN Initiative?

Yes       No

Please indicate the number of BRAIN projects with which you are affiliated. You will have the opportunity to provide information on each project:

1 project  
 2 projects  
 3 projects  
 4 projects  
 5 projects

i. Please select your funding source from the drop down:

ii. Please provide the project/grant number of your BRAIN project:

iii. Please provide the URL for any publicly available data (e.g. in a data repository):

iv. Please provide the URL for any available software:


v. Please provide the URL for any available training materials:

vi. Please provide the URL for any reagents/animals shared in a repository:

vii. Please provide the URL for any other associated resources:

## Registration System

### Step 7, Review your information



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All Federally and Privately funded BRAIN Initiative projects are strongly encouraged to submit an abstract for poster presentation, regardless of the stage of their research. Symposium and/or Abstract submission is completed only after registering for the meeting.

Submission deadlines:

- Symposium Submissions: Dec 19, 2019
- Research Highlight Talk Submissions: March 2, 2020
- Trainee Travel Award Submissions: March 2, 2020
- General Poster Abstract Submissions: April 20, 2020

Review Your Information Before Submitting

test test

[Cancel](#)   [Add Person](#)   [Finish](#)

**Your registration is not yet complete.** This section displays a summary of your registration. You may edit this information by clicking the "edit" link next to your name. When you have completed reviewing/editing your information, please click Finish.

**test test** ([Edit](#))

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|   |   |
|---|---|
| <b>Email Address:</b><br>test@infinity.aa | <b>Prefix:</b><br>Ms                                  |
| <b>Job Title:</b><br>test                 | <b>Company/Organization/Institution Name:</b><br>test |
| <b>Work Phone:</b><br>                    |   |
| <b>Work Address:</b><br>USA               |   |

[Cancel](#)   [Add Person](#)   [Finish](#)

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## Registration System

### Step 8, Confirmation

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- General Information
- Hotel & Travel
- Dining & Local Area
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- Meeting Materials
- Contact Us
- My Registration
- Confirmation
- My Answers

**More Options** ▾

You will receive a separate email containing your confirmation number displayed below, submission instructions, and the appropriate links for submission. Please make sure to save this email as you will need your confirmation number to begin the symposium/abstract submission process!

If you would like to print this confirmation webpage for your records, you may do so by first selecting the 'More Options' button on the top left-hand corner, then selecting "Printer Friendly".

To modify your registration, you will need the confirmation number below.

All modification must be submitted on or before **May 12, 2020**.

**Name:** test test  
**Email:** test@infinity.aa  
**Job Title:** test  
**Company/Organization/Institution:** test  
**Name:**  
**Address:**  
USA  
**Confirmation Number:** *KFNXMPWR8JQ* (needed to modify your registration)  
**Display Name on Attendees:** No  
**Page:**  
**Event Title:** 6th Annual BRAIN Initiative Investigators Meeting  
**Location:** Crystal Gateway Marriott  
1700 Richmond Hwy  
Arlington, Virginia 22202  
USA  
**Date:** 06/01/2020 [Add to my calendar](#)  
**Time:** 8:30 AM

**Register Another**

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