

# National Institutes of Health Sexual & Gender Minority Research Regional Workshop



April 2, 2020

The Ohio State University  
The Fawcett Center  
2400 Olentangy River Road  
Columbus, OH



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## Registration

**Registration deadline XX day, Month XX, 2020**

OMB Number: 0925-0740 Exp Date: 07/31/2022

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**Please note: Only fields with an \* are required unless otherwise noted.**

**\* First Name**

**\* Last Name**

**Pronoun(s)**

Fill in the blank.

**\* Email**

**\* Phone**

Enter a valid U.S. or International number format

**Degree**

  
  
  
  
  
  
  

TIP: Hold the CTRL/Command key while clicking to select more than one degree

**Other Degree**

If "other" please specify

**Years since you completed most recent degree**

- 1-2
- 3-5
- 5-10
- 10 or more

**\* Address 1**

**Address 2**

**\* City**

**\* State**

**\* Zipcode**

**Are you currently supported by NIH funding?**

- Yes
- No
- N/A (NIH Staff)

**If yes, what type of NIH funding do you currently have?**

- R-series
- K-series
- F-series
- Other (please specify)

**Other**

**If yes, what is your role on the NIH grant(s) that support your salary? (all that apply)**

PI / Co-PI  
Co-Investigator  
Consultant  
Mentor  
Other research role  
Other (please specify)

TIP: Hold the CTRL/Command key while clicking to select more than one

**Other**

**Do you plan to submit a new application for NIH funding?**

- Yes, within the next 1 - 2 years  
 Yes, more than two years from now  
 No  
 N/A (NIH Staff)

**Which of these NIH institutes and centers do you plan to apply to or currently receive funding from?  
(all that apply)**

FIC  
NCCAM  
NCI  
NCMHD  
NCRR  
NEI  
NHGRI  
NHLBI

TIP: Hold the CTRL/Command key while clicking to select more than one

**Describe your area of research.**

**Describe your populations of interest.**

**Type of registration requested for this workshop.**

- Student  
 Postdoc  
 Research Investigator  
 Invited Presenter or Moderator  
 NIH Representative

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