

# PDW 2020 Website Screenshots

## Registration Page

### 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 2020 Professional Development Workshop and Mentored Mock Review.

**Registration Deadline: Tuesday, May 5, 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:	--Select--
* First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
* Last Name:	<input type="text"/>
Preferred Badge Name:	<input type="text"/> 
* Degree(s):	--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:	--Select State--
* Country:	United States of America

Figure 1. Registration Page - Part 1 of 3

\* Postal Code:   
\* Phone:  Phone Ext.:   
Fax:   
\* Email:

#### ASSISTANT INFORMATION

First Name:   
Last Name:   
Phone:   
Email:

#### FUNDING MECHANISM

\* Please select your Funding Mechanism. Non-grantees should select "Not Applicable".

\* Funding Mechanism:

#### MENTORED MOCK REVIEW

\* Please select if you will be attending the Mentored Mock Review (Tuesday, June 9, from Noon to 4:30 p.m.):

- Yes, I will attend as an **observer**.
- Yes, I am an **invited reviewer** and will attend.
- No, I will not attend.

#### NETWORKING EVENT (Optional)

\* Please select if you are interested in attending an evening networking event on June 8th from 6:30 p.m. to 8:30 p.m.

- Yes, I am interested in attending.
- No, I am not interested in attending.

Figure 2. Registration Page - Part 2 of 3

### SPECIAL ACCOMMODATIONS

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

Special Accommodations

Figure 3. Registration Page - Part 3 of 3