AI / Ethics Microlab Registration

Data privacy statement https://knowinnovation.com/privacy-policy/

OMB Control Number: 0925-0740 Expiration Date: 7/31/2022

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How did you hear about this event? *
 Select from a drop down list: Website Newsletter Social Media Listserv Word of Mouth Other
Personal Information
First Name *
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What sector	best describes your work? *	
	Academic	
	Federal Observer	
	Government	
	Industry	
	Other	
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University / Organization Affiliation *		
Department	/Division *	
your Univer	•	
	here for additional information: doi.gov/pmb/eeo/doi-minority-serving-institutions-program	
П НВСИ	HSI TCU AAPISI N/A	
City *		
State/Territory * Select from dropdown list of states and territories		
Country* Select o	r enter information	
Postal Code *		
Professional Information		
Job Title *		
Career Level	*	
Carly Ca	reer	
What is your	primary area of expertise *	
Please select all that apply		
☐ Biomedical and Behavioral Scientists		
☐ Biomedical Ethicists		
☐ Com	puter and Data Scientists	
☐ Health or Tech Policy		
☐ Healt	th or Tech Law	
☐ Healt	th or Patient Advocates	

	Industry	
	Social and Ethical Impacts of Tech/AI/ML	
	Social Scientists	
	Technologists, Artists, and Storytellers	
What	are you secondary area(s) of expertise *	
Please select all that apply		
	Biomedical and Behavioral Scientists	
	Biomedical Ethicists	
	Computer and Data Scientists	
	Health or Tech Policy	
	Health or Tech Law	
	Health or Patient Advocates	
	Industry	
	Social and Ethical Impacts of Tech/AI/ML	
	Social Scientists	
	Technologists, Artists, and Storytellers	
Why are you interested in this Micro Lab? * What do you hope to contribute to this Micro Lab? *		
What do you hope to gain from participating in this Micro Lab? *		
Do you consider yourself an underrepresented voice in this space? optional		
	□ Yes	
	□ No	
If yes, option	-	
	I Send me a copy of my responses	