# BIRCWH 2022

**Registration Form** 



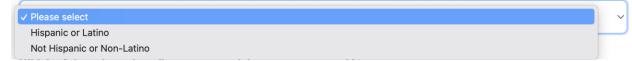
OMB# 0925-0740 Expires 09/30/2025

## Attendee Registration

| Enter First Name              |                |  |  |
|-------------------------------|----------------|--|--|
| Last Name*                    |                |  |  |
| Enter Last Name               |                |  |  |
| Email*                        |                |  |  |
| Enter Email                   |                |  |  |
| nstitutional Affiliation*     |                |  |  |
| Please enter your Institution | al Affiliation |  |  |
|                               |                |  |  |

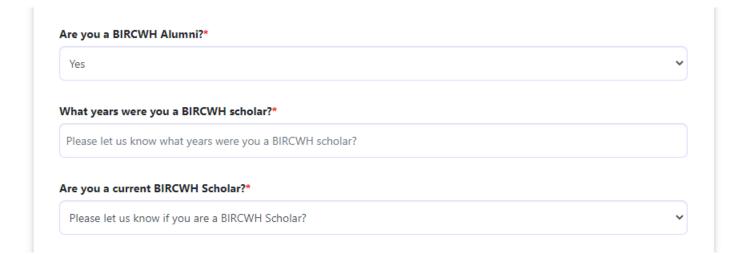
## Do you currently describe yourself as male, female, or transgender? (check all that apply)\* Please select that applies Female Transgender male Transgender female Another gender identity Refused What sex were you assigned at birth, on your original birth certificate? (choose one) (required)\* ✓ Please select Female Male Refused

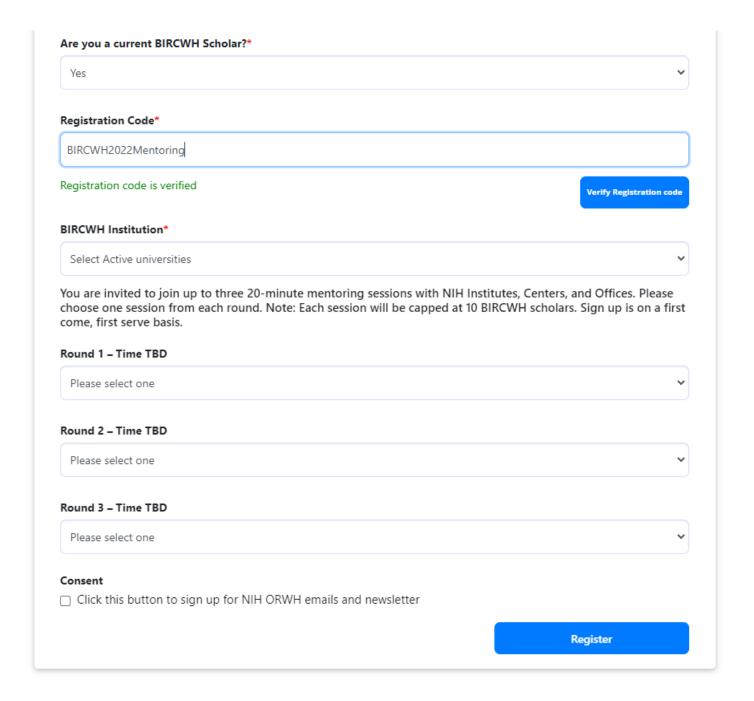
Which of these best describes your ethnicity (choose one)?\*



Which of these best describes your race (choose one or more)?\*







#### Consent

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### Register

Public reporting burden for this collection of information is estimated to average 8 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.