EVENT REGISTRATION
OMB Number: 0925-0299
Expiration Date: 31 March 2027
Burden Time: 3 minutes

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NAME INFORMATION

1. Badge ID:

2. ORC ID

3. Greeting Title:
   - o <no response>
   - o Mr.
   - o Ms.
   - o Dr.
   - o Other, please specify:_____

4. First Name (Given Name):

5. First Name (Preferred Name):

6. Last Name (Family Name):

ADDRESS INFORMATION

7. Email Address (check accuracy):

8. Phone Number (check accuracy):

9. LinkedIn

10. Is this person the point of contact (Yes/No)?
    - Yes
    - No

11. Address Information
    - Street:_____
    - Building:_____
    - Room:_____
    - City:_____
    - State:_____
    - Zip Code:_____
    - Country:_____

INSTITUTION OR ORGANIZATION INFORMATION

12. Institution or Organization Name

13. Program or Department Name

14. Program Name for Publication Materials

15. Position Title

16. Type of Program
    - Dental
    - Graduate – PhD
    - Graduate – MS
    - Medical (MD)
    - Medical (DO)
    - MD/PhD
    - Pharmacy
    - Psychology
    - Public Health

- o Other, specify:_____

17. Website URL

EDUCATIONAL OR TRAINING INFORMATION

18. NIH Institute-Center

☐ CC	☐ CIT	☐ CSR	☐ FIC	☐ NCATS
☐ NCCIH	☐ NCI-CCR	☐ NCI-DCEG	☐ NEI	☐ NHGRI
☐ NHLBI	☐ NIA	☐ NIAAA	☐ NIAID	☐ NIAMS
☐ NIBIB	☐ NICHD	☐ NIDA	☐ NIDCD	☐ NIDCR
☐ NIDDK	☐ NIEHS	☐ NIGMS	☐ NIMH	☐ NIMHD
☐ NINDS	☐ NINR	☐ NLM	☐ OD	

19. NIH Campus

- ☐ Bethesda, Maryland (main campus)
- ☐ Baltimore, Maryland
- ☐ Frederick, Maryland
- ☐ Gaithersburg, Maryland
- ☐ Poolesville, Maryland
- ☐ Rockville, Maryland
- ☐ Framingham, Massachusetts
- ☐ Research Triangle Park, North Carolina
- ☐ Hamilton, Montana
- ☐ Phoenix, Arizona

20. Educational Status or Training Program
    - o Undergraduate Scholarship Program (UGSP)
    - o Summer Internship Program (SIP)
    - O Postbaccalaureate Program (PBP)
    - O Graduate Student (Master Degree)
    - O Graduate Student (Medical Student)
    - O Graduate Student (Dental Student)
    - O Graduate Student (Doctoral Degree: PhD or Equivalent)
    - O Postdoctorate: IRTA / CRTA
    - O Postdoctorate: Clinical Fellow
    - O Postdoctorate: Research Fellow
    - O Postdoctorate: Visiting Fellow
    - O Staff Clinician
    - O Staff Scientist
    - O NIH Investigator
    - O NIH Training Director
    - O NIH Staff
    - O OITE Staff

21. How many years have you been at the NIH?

☐ < 3 months	☐ 3–6 months	☐ 6–9 months	☐ 9-12 months
☐ 12-15 months	☐ 15-18 months	☐ 18-21 months	☐ 21-24 months
☐ 24-27 months	☐ 27-30 months	☐ 30-33 months	☐ 33-36 months
☐ 36-39 months	☐ 39-42 months	☐ 42-45 months	☐ 45-48 months
☐ 48-51 months	☐ 51-54 months	☐ 54-57 months	☐ 57-60 months

☐ other, specify_____

22. Highest Education Degree you have been awarded or will be awarded (select all that apply):
    - o High School Graduate (diploma or equivalent)
    - o Some college but no degree
    - o Associate Degree (2-year)
    - o Bachelor Degree (BA or BS)
    - o Master Degree (MA, MS, MEd)
    - o Medical Degree (MD)
    - o Medical Degree (OD)
    - o Dental Degree (DDS)
    - o Veterinary Degree (DVM)
    - o Juris Doctor Degree (JD)
    - o Doctorate Degree (PhD or DPhil)
    - o Other, specify:

23. What is your educational year?
    - o Graduate
    - o First Year
    - o Second Year
    - o Third Year
    - o Fourth Year
    - o Fifth Year
    - o Greater than Fifth Year

24. What is your educational major?

- ☐ Biochemistry and Biophysics
- ☐ Biomedical and Bioengineering
- ☐ Bioinformatics
- ☐ Biology
- ☐ Cell and Molecular Biology
- ☐ Chemistry
- ☐ Computer Science
- ☐ Data Science
- ☐ Environmental Science
- ☐ Engineering
- ☐ Epidemiology
- ☐ Genetics
- ☐ Humanities and the Arts
- ☐ Immunology
- ☐ Information Science
- ☐ Mathematics
- ☐ Medicine (Pre-Med)
- ☐ Microbiology
- ☐ Neuroscience
- ☐ Nursing
- ☐ Nutrition
- ☐ Pharmaceutical Sciences
- ☐ Physics
- ☐ Physiology
- ☐ Psychology
- ☐ Public Health
- ☐ Veterinary Medicine (Pre-Vet)
- ☐ Virology
- ☐ Zoology
- ☐ Undeclared

25. NIH Mentor / Investigator:
    - o Greeting Title:_____
    - o First Name:_____
    - o Last Name:_____
    - o Email Address:_____

26. University Mentor / Professor
    - o Greeting Title:_____
    - o First Name:_____
    - o Last Name:_____
    - o Email Address:_____

EVENT OR MEETING DETAILS

27. How will you attend this event?
    - o In-Person
    - o Virtual
    - o Hybrid

28. How will you participate?
    - Oral presentation
    - Panel Discussion
    - Breakout Session

29. Select your preferred exhibit session:
    - Morning (9:00am – 12:30pm ET)
    - Afternoon (1:30pm – 5:00pm ET)
    - No preference

30. Where are you located?
    - <List of US States>
    - <List of US Territories>
    - <List of Countries>

31. How did you learn about this program or event?
    - <List of Source Options>

Submit