Meeting Registration

Topic   INTEGRATE-Pain June 14, 2022 Virtual Pain Domain Meeting

Description   OMB#: 0925-0740 Exp., date: 07/2022
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,
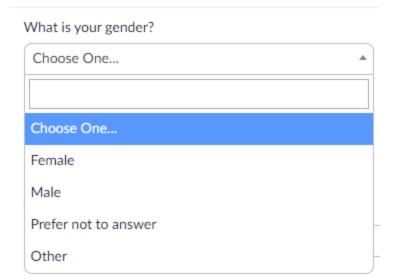ATTN: PRA (0925-0740). Do not return the completed form to this address.

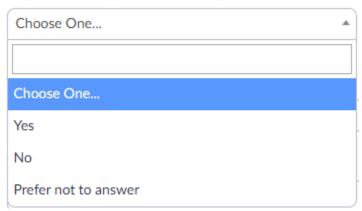**Time**   Jun 14, 2022 10:00 AM in Eastern Time (US and Canada)

First Name*

Last Name*

Email Address*

Confirm Email Address*

What is your gender?

Choose One...

If other, please specify.

Do you consider yourself to be Hispanic or Latino?

Choose One...

What do you consider to be your race?

Choose One...

Years of experience working with Core Outcome Sets*

Years of clinical experience*

Years of research experience*

Name of the initiative (or study/paper title) you're representing*

Which of the following best represents the scope of work of your initiative?*

Choose One...

Country where you work*

University/Hospital Affiliation (if applicable)*

Which breakout session would you prefer to attend? (First preference)*

Choose One...

Which breakout session would you prefer to attend? (Second preference)*
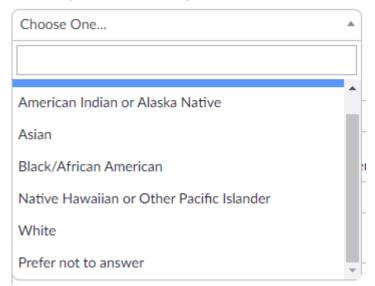
Choose One...

* Required information

Information you provide when registering will be shared with the account owner and host and can be used and shared by them in accordance with their Terms and Privacy Policy.

What is your gender?

Choose One...　▲

Choose One...
Female
Male
Prefer not to answer
Other

Do you consider yourself to be Hispanic or Latino?

Choose One...　▲

Choose One...
Yes
No
Prefer not to answer

What do you consider to be your race?

Choose One...　▲

American Indian or Alaska Native
Asian
Black/African American
Native Hawaiian or Other Pacific Islander
White
Prefer not to answer

Which of the following best represents the scope of work of your initiative?*

Choose One... ▲

Choose One...
Acute pain
Chronic pain
Transition from acute to chronic pain
Episodic/breakthrough pain

Which breakout session would you prefer to attend? (First preference)*

Choose One... ▲

Choose One...
Chronic pain
Acute pain
Acute to chronic pain
Recurrent/episodic pain

Which breakout session would you prefer to attend? (Second preference)*

Choose One... ▲

Choose One...
Chronic pain
Acute pain
Acute to chronic pain
Recurrent/episodic pain