

Meeting Registration

Topic The Next Generation of BRAIN Initiative Leaders: Making the Transition

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.

Please NOTE: Responses will be included in the meeting materials exactly as you enter them into the registration fields unless you opt out of sharing your information.

Demographic information requested during registration is for internal aggregated reporting purposes only.

**Please email overflow questions to BRAINDIVERSITYK99R00@nih.gov

Time Oct 26, 2022 01:00 PM in [Eastern Time \(US and Canada\)](#)

First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Email Address*	Confirm Email Address*
<input type="text"/>	<input type="text"/>
Job Title*	Institution/Primary Affiliation*
<input type="text"/>	<input type="text"/>
Please provide your position:*	What is your gender?
<input type="text" value="Choose One..."/>	<input type="text" value="Choose One..."/>
Which of these best describes your ethnicity (choose one)?	Which of these best describes your race (choose one)?
<input type="text" value="Choose One..."/>	<input type="text" value="Choose One..."/>
Do you have a disability as defined as a physical or mental impairment that substantially limits one or more major life activities?	Do you identify as being from a disadvantaged background as defined by the NIH? (Please copy and paste the link to a new browser for more information: https://grant.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html)
<input type="text" value="Choose One..."/>	<input type="text" value="Choose One..."/>
If you require a reasonable accommodation to participate in the virtual meeting (e.g., captioning, sign language), please indicate below no later than October 12.	Which type of BRAIN support do you have?*
<input type="text"/>	<input type="text" value="Choose One..."/>
Do you have a personal website or social media link you would like to include in the meeting materials to facilitate networking? If so, kindly provide the URL:	May we include your Name, Position, Institution/Primary Affiliation, BRAIN Project Title, Bio, and optional URL in the Program Booklet?*
<input type="text"/>	<input type="text" value="Choose One..."/>
What are some career or professional development topics you would like to explore in breakouts? (Examples: Applying for the First R01 & ESI Policies, Career Development Awards, Your First Laboratory, and Transitioning from the K99 to the R00 phase) **	Do you have specific questions for the speakers regarding lessons learned for making a successful transition (e.g., search/select a faculty position, negotiate salary/start-up fund, interview tips, scientific research plan development, etc.)? **
<input type="text"/>	<input type="text"/>

* 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.

Register