

Fourth Annual NIH HEAL Initiative Investigator Meeting

Registration and Poster Submission Form

Landing page:



Registration Type Selection:

Control Number: 0925-0740
Expiration Date: 09/30/2025

Public reporting burden for this collection of information is estimated to average 30 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 current 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.

Attendee 

In-Person Attendee - Principal Investigator or Co-Investigator
Currently open to Principal and Co-Investigators ONLY

Virtual Attendee - HEAL-Funded Researchers (e.g. PI, Co-I, Trainee)

Virtual Attendee - Other (e.g. NIH and federal staff)



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In-Person Attendee – Principal Investigator or Co-Investigator Registration Path



In-Person Attendee - Principal Investigator or Co-Investigator Registration

[CONTACT INFORMATION](#)

[POSTER SUBMISSION](#)

[CONFIRMATION](#)

Contact Information

First Name: required

Last Name: required

Organization/Institution: required

Job Title: required

Country:

State: required

E-Mail: required

Additional Information

Please select your attendee type: *required*

-- Select Option --

HEAL-Funded Project Title: *required*

HEAL Program: *required*

-- Select Option --

If you do not know which HEAL program your project belongs to, please search for your project on the HEAL-funded projects database: heal.nih.gov/funding/awarded

If you require a reasonable accommodation to participate in this meeting, please indicate below. Note that we cannot guarantee accommodations for requests received after 02/1/2023:

Do you have plans to publish on your HEAL-funded research in the next year?

-- Select Option --

Are you open to being contacted about media outreach related to your research? *required*

-- Select Option --

Drop downs (if not included below, response options are yes/no):

Please select your attendee type: *required*

-- Select Option --
-- Select Option --
Principal Investigator
Co-Investigator

HEAL Program: *required*

-- Select Option --
-- Select Option --
Acute to Chronic Pain Signatures Program
Advancing Clinical Trials in Neonatal Opioid Withdrawal (ACT NOW)
Advancing Health Equity in Pain Management
Back Pain Consortium Research Program
Behavioral Research to Improve Medication-Based Treatment
Collaborative Care for Polysubstance use in Primary Care Settings (Co-Care)
Development and Optimization of Non-Addictive Therapies to Treat Pain
Development of Novel Immunotherapeutics for Opioid Addiction
Discovery and Validation of Biomarkers, Endpoints, and Signatures for Pain Conditions
Discovery and Validation of Novel Targets for Safe and Effective Treatment of Pain
Early Phase Pain Investigation Clinical Network (EPPIC-Net)
Enhancing the National Drug Abuse Treatment Clinical Trials Network to Address Opioids
Focusing Medication Development to Prevent and Treat Opioid Use Disorder and Overdose
Harm Reduction Approaches to Reduce Overdose Deaths
HEALing Communities Study
HEALthy Brain and Child Development Study
Improving Delivery of Healthcare Services for Polysubstance Use
Increasing Participant Diversity, Inclusion and Engagement in HEAL Research
Integrated Approach to Pain and Opioid Use in Hemodialysis Patients

HEAL Program: **required**

-- Select Option --

Justice Community Opioid Innovation Network
Leveraging Existing and Real-Time Opioid and Pain Management Data
Monthly Injectable Buprenorphine for Methamphetamine Use Disorder (MURB)
Optimizing Collaborative Care for People with Opioid Use Disorder and Mental Health Conditions
Optimizing the Duration, Retention, and Discontinuation of Medication Treatment for Opioid Use Disorder
Pain Management Effectiveness Research Network
Pragmatic and Implementation Studies for the Management of Pain to Reduce Opioid Prescribing (PRISM)
Preclinical Screening Platform for Pain
Preventing Opioid Use Disorder
Prevention of Progression to Moderate or Severe Opioid Use Disorder
Recovery Research Networks
Restoring Joint Health and Function to Reduce Pain Consortium (Re-JOIN)
Sleep Dysfunction as a Core Feature of Opioid Use Disorder and Recovery
Small Business Programs
Stigma in Pain Management and Opioid Use Disorder
The Continuum of Care in Hospitalized Patients with Opioid Use Disorder and Infectious Complications of Drug Use
Therapeutic Development to Address Polysubstance Use
Training the Next Generation of Researchers in HEAL
Translating Data 2 Action to Prevent Overdose
Translating Discoveries into Effective Devices to Treat Pain

Consent

- ☐ I understand the information I provide will be used to register my participation in this event. This data will be utilized by the event organizers to keep me informed about this event via email and other communication methods, and provide services while I am at the event. **required**
- ☐ I want to publish my name, organization, and job title on the attendee list. This will allow other attendees to view and network with me. We recommend publishing this information to maximize your attendee experience.
- If you do not agree, you can continue to use the platform and mobile app but you will be listed with only your first name and last initial.
- ☐ Photo and video release: Check this box if you **do not grant permission** to the NIH HEAL Initiative to use your photographic and videographic image captured during the NIH HEAL Initiative Investigator Meeting in any NIH HEAL Initiative publications, materials, website, and advertisements.
- You can change your consent selections at any time via your Attendee Portal after completing registration or by contacting NIHHEAL@Support.eventpower.com.

CONTINUE



In-Person Attendee - Principal Investigator or Co-Investigator Registration

CONTACT INFORMATION POSTER SUBMISSION CONFIRMATION

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Research Poster

All investigators attending the NIH HEAL Initiative Investigator Meeting® in person are encouraged to present a research poster during an in-person poster and networking session. If you would like to present a poster during the meeting, you will need to submit an abstract (max 500 words) beforehand. If you do not have your abstract prepared now, you will be able to submit one after you register.

Investigators are encouraged to invite their community partners to accompany them to the meeting in person. Some travel funds are available for community partners. If you are interested in this opportunity, please email HEALinvestigatormeeting@iqsolutions.com.

Would you like to submit a research poster? required

-- Select Option --

You can change your selection at any time after submitting your registration via your Attendee Portal.

Drop down:

Would you like to submit a research poster? required

-- Select Option --

-- Select Option --

Yes

No

Maybe

tion via your Attendee Portal.

Would you like to submit a research poster? required

Yes

You can change your selection at any time after submitting your registration via your Attendee Portal.

Research Poster Title:

The title that will appear in the list of posters during the event.

Abstract:

Your abstract should be under 3000 characters (about 500 words).

HEAL Program:

-- Select Option --

If you do not know which HEAL program your project belongs to, please search for your project on the HEAL-funded projects database: heal.nih.gov/funding/awarded

Need Help?

If you have any technical questions regarding your submission, please contact NIHHEAL@Support.eventpower.com.

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Drop down:

HEAL Program: required

-- Select Option --

-- Select Option --

Acute to Chronic Pain Signatures Program
Advancing Clinical Trials in Neonatal Opioid Withdrawal (ACT NOW)
Advancing Health Equity in Pain Management
Back Pain Consortium Research Program
Behavioral Research to Improve Medication-Based Treatment
Collaborative Care for Polysubstance use in Primary Care Settings (Co-Care)
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Increasing Participant Diversity, Inclusion and Engagement in HEAL Research
Integrated Approach to Pain and Opioid Use in Hemodialysis Patients

HEAL Program: **required**

-- Select Option --

Justice Community Opioid Innovation Network
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In-Person Attendee - Principal Investigator or Co-Investigator Registration

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screenshot screenshot

Registration Complete

Thank you for completing your registration. You will receive an e-mail confirmation soon.

Contact Information

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Virtual Attendee – HEAL-Funded Researchers (e.g. PI, Co-I, Trainee) Registration Path



Virtual Attendee – HEAL-Funded Researchers (e.g. PI, Co-I, Trainee) Registration

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Contact Information

First Name: *required*

Last Name: *required*

Organization/Institution: *required*

Job Title: *required*

Country:

State: *required*

E-Mail: *required*

Additional Information

Please select your attendee type: required

-- Select Option --

HEAL-Funded Project Title: required

HEAL Program: required

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If you require a reasonable accommodation to participate in this meeting, please indicate below. Note that we cannot guarantee accommodations for requests received after 02/1/2023:

Do you have plans to publish on your HEAL-funded research in the next year?

-- Select Option --

Are you open to being contacted about media outreach related to your research? required

-- Select Option --

Drop downs (if not included below, response options are yes/no):

Please select your attendee type: required

-- Select Option --

-- Select Option --

Principal Investigator

Co-Investigator

Trainee

Other research team member

HEAL Program: required

HEAL Program: **required**

-- Select Option --

-- Select Option --

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-- Select Option --

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Consent

- ☐ I understand the information I provide will be used to register my participation in this event. This data will be utilized by the event organizers to keep me informed about this event via email and other communication methods, and provide services while I am at the event. **required**
- ☐ I want to publish my name, organization, and job title on the attendee list. This will allow other attendees to view and network with me. We recommend publishing this information to maximize your attendee experience.
- If you do not agree, you can continue to use the platform and mobile app but you will be listed with only your first name and last initial.
- ☐ Photo and video release: Check this box if you **do not grant permission** to the NIH HEAL Initiative to use your photographic and videographic image captured during the NIH HEAL Initiative Investigator Meeting in any NIH HEAL Initiative publications, materials, website, and advertisements.

You can change your consent selections at any time via your Attendee Portal after completing registration or by contacting NIHHEAL@Support.eventpower.com.

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Virtual Attendee – HEAL-Funded Researchers (e.g. PI, Co-I, Trainee) Registration

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Research Poster

All researchers working on a HEAL-Funded project are encouraged to submit a research poster to share during a virtual poster and networking session. If you do not have all the information to submit your poster at this time, you will be able to submit one after you register. Please select 'Yes' and continue to the next page.

Would you like to submit a research poster? required

Yes

You can change your selection at any time after submitting your registration via your Attendee Portal.

Research Poster Title:

The title that will appear in the list of posters during the event.

Abstract:

Your abstract should be under 3000 characters (about 500 words).

HEAL Program:

-- Select Option --

If you do not know which HEAL program your project belongs to, please search for your project on the HEAL-funded projects database: heal.nih.gov/funding/awarded

Poster Upload:

[Choose File](#) No file chosen

Upload your PDF poster here. PDFs are limited to 30MB in size.

Collateral Video URL:

(Optional) Link to a video of your poster presentation if you would like to include one. This should be either a YouTube or Vimeo link.

Handout

The handout is an optional PDF that you can submit in addition to your poster. The handout may include a summary of the poster, contact information, and/or links to additional information.

Handout Title:

Title of secondary PDF in addition to poster.

Handout Link:

[Choose File](#) No file chosen

Upload your secondary PDF here.

Do you consent to share your poster or some of its contents via HEAL communications channels? (e.g., HEAL website, email, social media): required

It depends

Please explain:

Need Help?

If you have any technical questions regarding your submission, please contact NIHHEAL@Support.eventpower.com.

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CONTINUE

Drop downs:

Would you like to submit a research poster? required

-- Select Option --

-- Select Option --

Yes

No

Maybe

tion via your Attendee Portal.

HEAL Program: required

-- Select Option --

-- Select Option --

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HEAL Program: **required**

-- Select Option --

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Translating Discoveries into Effective Devices to Treat Pain

Do you consent to share your poster or some of its contents via HEAL communications channels? (e.g., HEAL website, email, social media): **required**

-- Select Option --

-- Select Option --

Yes

No

It depends

please contact NIHHEAL@Support.eventpower.com.



Virtual Attendee – HEAL-Funded Researchers (e.g. PI, Co-I, Trainee) Registration

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screenshot screenshot

Registration Complete

Thank you for completing your registration. You will receive an e-mail confirmation soon.

Contact Information

Please contact NIHHEAL@Support.eventpower.com with any questions regarding your registration.

Virtual Attendee – Other (e.g. NIH and federal staff) Registration Path



Virtual Attendee – Other Registration

CONTACT INFORMATION

CONFIRMATION

Contact Information

First Name: *required*

Last Name: *required*

Organization/Institution: *required*

Job Title: *required*

Country:

State: *required*

E-Mail: *required*

Additional Information

Please select your attendee type: required

-- Select Option --



If space permits, are you interested in attending the meeting in person? We will notify those who are interested of in-person availability in early January: required

-- Select Option --



How are you involved in the NIH HEAL Initiative?

If you require a reasonable accommodation to participate in this meeting, please indicate below. Note that we cannot guarantee accommodations for requests received after 02/1/2023:

Drop downs (if not included below, response options are yes/no):

Please select your attendee type: required

-- Select Option --



-- Select Option --

NIH or federal staff

Community organization

Patient

Other (fill in the blank below)

ng in person? We will notify those who are

Consent

☐

I understand the information I provide will be used to register my participation in this event. This data will be utilized by the event organizers to keep me informed about this event via email and other communication methods, and provide services while I am at the event. required

☐

I want to publish my name, organization, and job title on the attendee list. This will allow other attendees to view and network with me. We recommend publishing this information to maximize your attendee experience.

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☐

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Virtual Attendee – Other Registration

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Registration Complete

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Contact Information

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