

The 17th International Meeting on Psychosocial Aspects of Hereditary Cancer (IMPAHC)

In-Person Meeting Registration

Thank you for your interest in registering for the 17th International Meeting on Psychosocial Aspects of Hereditary Cancer (IMPAHC). This meeting is free and open for anyone to attend, but registration is required in order to participate in the meeting.

OMB No. 0925-0740, Expiration Date 5/30/2025

Collection of this information is authorized by The Public Health Services Act, Section 410 (42 U.S.C. § 285; US Code - Section 285: Purpose of Institute). Rights of applicants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not submitting an abstract or withdrawing an abstract from consideration at any time. The information collected will be kept private to the extent provided by law and only made available to other meeting attendees, unless permission is expressly granted to make this information available on the meeting website. The information collected through this abstract submission website will enable the planning committee to select the most suitable research results to present at the meeting.

Public reporting burden for this collection of information is estimated to average 2 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.

First Name *(Required)*

Last Name *(Required)*

Degree *(Required)*

Email *(Required)*

Institution *(Required)*

Country of Institution *(Required)*

Career Status *(Required)*

- ☐ Student (a person who is enrolled in a degree-granting program)
- ☐ Early-Career Investigator (a person who is within 5 years of their ultimate/terminal degree)
- ☐ Neither

My preferred attendance is: *(Required)*

- ☐ In-person
- ☐ Virtual

The meeting will adhere to the current [NIH COVID-19 Safety Plan](#). It is recommended that one check the [NIH COVID-19 Safety Plan](#) for the most up-to-date requirements, based on community COVID levels, before registering and before attending.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify [Amanda Klein \(amanda.klein@nih.gov\)](mailto:amanda.klein@nih.gov) in advance of the meeting.

REGISTER

