

GRADUATE & PROFESSIONAL SCHOOL FAIR - 2023 EXHIBITOR REGISTRATION

OMB Number: 0925-0740

Expiration Date: 30 Sep 2025

The 2023 National Institutes of Health Graduate & Professional School Fair will be held on Wednesday, July 19 at the Natcher Conference Center on the NIH campus in Bethesda, MD. The virtual sessions will be held throughout the rest of the summer on the Whova platform. By completing this survey, you are letting us know that you plan to exhibit. You will receive an email within two weeks of your registration with information for selecting your specific session.

This fair will provide an opportunity for representatives of graduate and professional schools to meet and recruit up-and-coming young scientists taking part in the NIH Postbaccalaureate Program and other college and university students. Student interest is highest in the following schools/programs: medical school, graduate school (PhD programs in all the biomedical sciences), MD/PhD programs, public health programs, psychology, dental school, nursing school and pharmacy school.

There is no charge to exhibit at the fair, but in-person space is limited. In-person exhibitors are limited to two representatives and will be provided a table and two chairs. To decrease the crowding and maximize the number of programs that can attend, we ask that you only have one sign-up per program. Graduate and professional programs from the same institution may register separately, but individual departments should work together. We will continue to monitor local and state guidelines and adjust the event format if needed.

For inquiries regarding the exhibit registration, logistics, etc..., contact:

Elaine Lewis

Email: elaine.lewis2@nih.gov

POINT OF CONTACT (POC) FOR THIS REGISTRATION

Title*

First Name (Given Name):*

Last Name (Family Name):*

Position Title:*

Email Address (check accuracy):*

We cannot guarantee your participation if you fail to provide a functioning email address. A confirmation email message containing this registration will be sent to the email account listed within 2-hours of submission.

Phone Number:*

ex: 123-456-7890

PRIMARY ATTENDEE FOR THIS REGISTRATION

Is the Point of Contact for this registration also the First Attendee?:*

☐ Yes ☐ No

SECONDARY ATTENDEE FOR THIS REGISTRATION

Title – Secondary:

First Name (Given Name) – Secondary:

Last Name (Family Name) – Secondary:

Position Title – Secondary:

Email Address (check accuracy) – Secondary:

We cannot guarantee your participation if you fail to provide a functioning email address. A confirmation email message containing this registration will be sent to the email account listed within 2-hours of submission.

Phone Number – Secondary:

ex: 123-456-7890

How will this attendee participate? – Secondary:

INSTITUTION / UNIVERSITY INFORMATION

Institution or University Name (complete name):*

Program or Department you are representing (complete name):*

Program Website (include http:// or https://):*

Name of the training program as it will appear in the event program, limit 100 characters, be specific. We will not insert your university name if you omit it. We recommend that you list the university first. If you attended last year, you will be able to find the name of your program at https://www.training.nih.gov/gp_fair_institutions.*

Example: "University of Alabama Dental School" or "Baylor University Graduate Program in Biophysics"

This registration is for which type of program?*

Select all that apply.

- ☐ Dental
- ☐ Graduate – PhD
- ☐ Graduate – MS
- ☐ Medical
- ☐ MD/PhD
- ☐ Pharmacy
- ☐ Psychology
- ☐ Public Health
- ☐ Other

If you selected "Other" for the Registration Type, please specify in the space provided:

Who will represent your program?

- ☐ Recruiters / Administrators
- ☐ Program Directors
- ☐ Faculty Members
- ☐ Current Students
- ☐ NIH Postbac Alumni
- ☐ Others

How would your program like to attend?

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law.

Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 3–minutes per submission. 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.

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