


Registration Category: Blueprint Awardee

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NIH Blueprint for Neuroscience Research

Welcome Attendee Information Registration Record

You are currently testing this event

OMB#: 0925-0740 Expiration date: September 2025

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* = Required Field

EMAIL ADDRESS*

Attendee Category Blueprint/BRAIN Awardee [\[More Info\]](#)

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NIH Blueprint for Neuroscience Research

Welcome Attendee Information Registration Record

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* = Required Field

FIRST NAME* Sara

LAST NAME* Sterling

INSTITUTIONAL EMAIL ADDRESS

PERMANENT EMAIL ADDRESS:

INSTITUTIONAL/PRIMARY AFFILIATION:*

TWITTER:

LINKEDIN:

DEGREE(S) (CHECK ALL THAT APPLY):	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/> MD <input type="checkbox"/> Other
CAREER STAGE/ROLE*	[Clear Selection] <input type="radio"/> Postbacc <input type="radio"/> Graduate Student <input type="radio"/> Postdoc <input type="radio"/> Faculty <input type="radio"/> Other
NIH PROGRAM AFFILIATION (CHECK ALL THAT APPLY)*	<input type="checkbox"/> ENDURE alum <input type="checkbox"/> D-SPAN F99/K00 <input type="checkbox"/> BRAIN K99/R00 <input type="checkbox"/> Diversity supplement <input type="checkbox"/> NSP scholar <input type="checkbox"/> SPINES <input type="checkbox"/> Other <input type="checkbox"/> N/A
IF YOU SELECTED OTHER, PLEASE SPECIFY:	
WHAT ARE THE MAJOR CHALLENGES, IF ANY, AROUND COMMUNICATING YOUR SCIENCE?	
WHAT ARE THE COMMUNICATION TECHNIQUES OR RESOURCES YOU HOPE TO GAIN AT THIS MEETING?	

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, DO YOU REQUIRE ANY ACCOMMODATIONS TO FULLY PARTICIPATE IN THE VIRTUAL MEETING? IF SO, PLEASE DESCRIBE. (NOTE: DETAILS MUST BE RECEIVED 10 BUSINESS DAYS PRIOR TO THE EVENT)

WILL YOU BE PRESENTING A VIRTUAL POSTER ON JULY 11TH?*

[Clear Selection]

- ☐ Yes
☐ No

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WILL YOU BE PRESENTING A VIRTUAL POSTER ON JULY 11TH?*

[Clear Selection]

- ☒ Yes
☐ No

IF YOU DO NOT HAVE YOUR ABSTRACT INFORMATION AT THE TIME OF YOUR REGISTRATION, YOU CAN LOG BACK IN AND MODIFY YOUR REGISTRATION AT A LATER DATE. PLEASE CLICK **CONTINUE** AT THE BOTTOM OF THE PAGE TO SAVE YOUR REGISTRATION. **DEADLINE TO SUBMIT YOUR ABSTRACT IS JUNE 16.**

POSTER TITLE

LIST AUTHORS SEPARATELY

(1) FIRST NAME LAST NAME, AFFILIATION

(2) FIRST NAME LAST NAME, AFFILIATION

(3) FIRST NAME LAST NAME, AFFILIATION

(4) FIRST NAME LAST NAME, AFFILIATION

(5) FIRST NAME LAST NAME, AFFILIATION

(6) FIRST NAME LAST NAME, AFFILIATION

(7) FIRST NAME LAST NAME, AFFILIATION

IF YOU HAVE OVER 8+ AUTHORS, PLEASE ENTER THE REMAINING INFORMATION (FIRST NAME LAST NAME, AFFILIATION; FIRST NAME LAST NAME, AFFILIATION; ETC.)

ABSTRACT BODY
THE ABSTRACT BODY SHOULD BE A MAXIMUM OF 300 WORDS AND SHOULD ONLY INCLUDE PLAIN TEXT WITH NO ADDITIONAL INFORMATION (EX. SYMBOLS, GRAPHS, CHARTS, PICTURES, ETC.).

ACKNOWLEDGEMENT OF FUNDING SOURCES

POSTER THEME

[\[Clear Selection\]](#)

- ☐ Cognition
- ☐ Development
- ☐ Integrative Physiology and Behavior
- ☐ Motivation and Emotion
- ☐ Motor Systems
- ☐ Neural Excitability, Synapses, and Glia
- ☐ Neurodegenerative Disorders and Injury
- ☐ Sensory Systems
- ☐ Techniques

GATHER.TOWN REQUIRES YOU TO SUBMIT TWO FILES, A POSTER AND A POSTER PREVIEW. FOR ADDITIONAL INFORMATION, VISIT THE POSTER PRESENTER INFORMATION PAGE ON THE WEBSITE: [HTTPS://CVENT.ME/937PAV](https://cvent.me/937PAV)

POSTER UPLOAD (JPG, FILE LIMIT 3MB)
POSTER MUST BE UPLOADED BY JUNE 16, 2023.

No file chosen

PREVIEW POSTER UPLOAD (JPG, FILE LIMIT 3MB)
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