

Test Mode

Registration Type: (none)

Registration Path: In-Person (Default)



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Personal Information

Fill out the information below, then click Next to continue.

Please register by **COB Friday, September 1.**

OMB#: 0925-0740 Exp Date: 09/30/2025

Public reporting burden for this collection of information is estimated to average 8 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 select if you are planning to attend in-person or virtually

☐

* First Name

* Last Name

Designation (e.g., MD, PhD, PharmD, etc.)

* Email Address

Organization

Department

Division

Branch

Job Title

Attendee List Visibility

Do you want your name to be visible on the meeting's attendee list for other people to see?

- ☒ Yes
☐ No

Cancel

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Registration Questions

* If you require a reasonable accommodation to participate in the virtual meeting (e.g., captioning), please indicate below. Note that we cannot guarantee accommodations for requests received after September 5.

☒ Yes

☐ No

Please describe your specific needs below.

* Your name and affiliation will be reflected on a participant list and may be included in the meeting summary, which may be posted on the Best Pharmaceuticals for Children Act (BPCHA) website (<http://bpca.nichd.nih.gov/>).

☐ I consent to include my name and affiliation in the meeting participant list and on the BPCHA website.

☐ Please do not list my information.

* This meeting is being recorded for notetaking purposes. By continuing with your registration, you are consenting to be recorded.

☐ I agree

* Do you plan to attend the optional networking dinner on September 12 at 6:30 PM? This will be a pay-on-own event at a local restaurant.

☐ Yes

☐ No

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Optional Networking Lunch

Please enter your response below if you would like to order a boxed lunch.



If you are participating by Webinar or don't wish to purchase lunch, click Next to skip this page.

I would like to purchase a boxed lunch on 9/13/23 at 12:30 PM EDT

\$17.50

Selected

* Please choose from the options below. We are not able to accept changes or substitutions to the lunch choices. Each lunch box comes filled with a specialty sandwich, bakery chips, fresh seasonal fruit, and a freshly baked cookie. *Contains nuts.

- ☐ Uptown Turkey Avocado Sandwich - Oven-roasted turkey, bacon, avocado, tomato, lettuce, mayonnaise, harvest toast
- ☐ Chicken Pesto Sandwich - Grilled chicken, tomato, arugula, pesto* aioli, house vinaigrette, baguette
- ☐ Tomato Mozzarella Sandwich - Fresh mozzarella, tomato, roasted red pepper, arugula, basil, balsamic vinaigrette, baguette

- ☐ Ham and Swiss Sandwich - Pecan wood smoked ham, Swiss cheese, tomato, red onion, stoneground mustard, baguette
- ☐ Tuna Salad Sandwich - Tuna salad with lettuce and tomatoes on whole grain harvest
- ☐ Chopped Salad - Romaine blend, grilled chicken, bacon, bleu cheese, avocado, tomato, green onion, house vinaigrette
- ☐ Power Green Salad- Power greens blend of baby kale, arugula, & spinach, ancient grains, chickpeas, cucumber, oven-roasted tomato, hard-boiled egg, honey balsamic vinaigrette
- ☐ Chicken Ceasar Salad - Romaine, Parmesan, house-made croutons, Caesar dressing, chicken
- ☐ Mixed Greens Salad - Mixed greens, tomato, croutons, Italian dressing

* Please choose a beverage:

- ☐ Bottled water
- ☐ Can of Coke
- ☐ Can of Diet Coke
- ☐ Can of Sprite

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