

events (/events) Log Out (/user/logout)

Moderation state	Change to	Log message	
 Draft	Published >		Apply

Registration

Registration for in-person attendance closes on: Friday, August 16

Registration for virtual attendance closes on: Friday, August 23

OMB No.: 0925-0740 Expiration Date: 9/30/2025

Public reporting burden for this collection of information is estimated to average 3 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:	Last Name:
Email Address:	Confirm email
Email Address.	
Position/career stage	
- Select -	
Affiliation/Institution	(Not Applicable" if page)
NCI program affiliation (select ' - Select -	Not Applicable il none)
Drimany awardad instituta/orga	nization (institution/organization where NCI program filiation/institution above)
grant is held if different from af	program grant is held if different from affiliation/institution above)
grant is held if different from af	, <u> </u>

Demographic Information

For the following questions, please note that all demographic information will be anonymized, and will be used solely for the purposes of understanding and enhancing diversity in the NCI Junior Investigator Meeting. These questions are optional, and you may exit the registration at any time.

A. What is your race/ethnicity? (One or more categories may be selected):				
☐ a. American Indian or Alaska Native				
□ b. Asian				
☐ c. Black or African American				
☐ d. Hispanic or Latino				
☐ e. Middle Eastern or North African				
☐ f. Native Hawaiian or Other Pacific Islander				
☐ g. White				
☐ h. I prefer not to answer				
B. Are you (select all that apply, optional)?				
□ a. Female				
□ b. Male				
$\ \square$ c. Transgender, non-binary, or another gender				
☐ d. I prefer not to answer				

Submit

```
Home (/events) | Contact Us (/contact-us) | Log Out (/user/logout)
| Accessibility (http://www.cancer.gov/global/web/policies/accessibility)
| Policies (http://www.cancer.gov/global/web/policies)
| HHS Vulnerability Disclosure (http://www.hhs.gov/vulnerability-disclosure-policy)
| FOIA (http://www.cancer.gov/policies/foia)

U.S. Department of Health and Human Services (http://www.dhhs.gov/)
| National Institutes of Health (http://www.nih.gov/) | National Cancer Institute (http://www.cancer.gov/)
| USA.gov (http://www.usa.gov/)
```