

# Registration Form for BWSP

Public reporting burden for this collection of information is estimated to average 20 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.

OMB No.: 0925-0740 Expiration  
Date: 11/30/2028

Title:

Suffix:

First Name:

Last Name:

Email:

Phone:

City:

State/Province:

Zip Code/Postal Code:

Country:

Affiliation/Company/Institution/Organization:

Title/Position/Career Stage:

Select NIA Division most suited to your research interest:

First Choice:

Second Choice:

Research Interest (150 words or less):

Statement (150 words or less):

Request for Reasonable Accommodations:

No

Yes, please specify:

Have you applied for BWSP prior to this submission:

No

Yes, please specify how many times:

Name of Reference 1:

Name of Reference 2: