

NIMH Office of Constituency Relations and Public Liaison (OCRPL) Outreach and Engagement Activities Registration

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Public reporting burden for this collection of information is estimated to average 5 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.

(EVENT NAME) Registration Form

(EVENT DATE)

(EVENT LOCATION)

Please provide the contact information requested below to register for the (EVENT NAME) meeting. A confirmation email will be sent to the email address provided following the submission of this form. Online registration is available until (DATE & TIME). On-site registration will be available thereafter.

* Indicates required information.

Contact Information

First Name *:

Last Name *:

Degree:

Title *:

Organization *:

Street Address *:

Suite / Apt / Box:

City *:

State *:

Zip *:

Phone *:

E-mail address *:

Meeting Attendance

<input type="checkbox"/>	(MEETING DATE & TIME) (MEETING LOCATION)
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Lunch Option

Due to the closure of the (MEETING LOCATION) cafeteria, a box lunch will be available at a cost of (COST) from (VENDOR). It will include (DESCRIPTION OF VENDOR OPTIONS).

Please make your choice and check the appropriate box:

<input type="checkbox"/>	(OPTION 1)
<input type="checkbox"/>	(OPTION 2)
<input type="checkbox"/>	(OPTION 3)
<input type="checkbox"/>	I do NOT wish to purchase a box lunch

Payment will be collected onsite at the meeting, only cash will be accepted and the exact amount would be appreciated.

Lodging

Participants requiring lodging may reserve a room at (LODGING NAME) located at (LODGING ADDRESS).

Accommodation

Individuals with disabilities who may require sign language interpreters and/or reasonable accommodation to participate in this meeting should indicate the requested accommodation in the space provided below. Requests should be made at least 10 days in advance of the meeting.

I request the following accommodations:



Travel Information

Driving directions to the (MEETING LOCATION).

Metrorail directions to the (MEETING LOCATION) Additional information on the Metrorail system can be found at <http://www.wmata.com/>.

Contact Person for Comments or Special Accommodations

Phyllis Quartey-Ampofo at 301-443-8530 or quarteyp@mail.nih.gov