

## NIMH Outreach Partnership Program Annual Meeting Registration

OMB # 0925-0740  
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### **Sponsored Participant Registration Data**

Please complete the information below:

First Name:

Middle Name:

Last Name:

Title [Please include your full position]:

Employer [Company, affiliation, etc.]:

Affiliations:

Address:

Address Line 2:

City:

State:

Zip Code:

Country:

Telephone:

Extension:

Badge Name:

Email Address:

### **Special Requirements**

Please provide any special requirements related to the Americans with Disabilities Act:

Do you need a sign language interpreter?

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### Travel Support

Please select whether you need travel support.

I do not require travel support and will make my own arrangements.

I do require travel support.

I plan to drive.

### Lodging

On behalf of NIMH, [contractor] will cover the cost of up to three (3) nights' room and tax at the [hotel] for your participation in this meeting. NIMH will begin cover lodging on [date]. Please indicate your arrival and departure dates.

Arrival date:

Departure date:

Type of room:

I do not need lodging

### Photo Release Information

I authorize National Institutes of Health to record and/or broadcast interviews, films, recordings, or photographs of me taken with my knowledge and in agreement with the NIMH Outreach Partnership Program Annual Meeting. The recordings may be used for NIH for the development, promotion, and broadcast or distribution in any medium or science, health, or educational programming. NIH is entitled to edit, copy, adapt, or translate the contribution and authorize others to do so in connection with NIH projects.

I Agree

I Disagree