

**Request for Approval under the “Conference, Meeting, Workshop, and Poster
Session Registration Generic Clearance (OD)”
(OMB#: 0925-0704 Exp Date: 05/2019)**

TITLE OF INFORMATION COLLECTION:

HINTS Data Users Conference

PURPOSE:

The purpose of this data collection is to help NCI staff 1) plan for the HINTS Data Users Conference, and 2) select the studies that will be presented at the conference (as either oral presentations or posters). Submitted abstracts and registration information will be reviewed by an internal NCI committee responsible for planning the activities, who will be making final decisions regarding accepted abstracts.

The information collected for the purposes of participant registration will include: title, name, institutional affiliation, and personal contact information (address, phone number and e-mail address) and (optional) emergency contact information. The abstract submission form will ask for a short abstract (~300 words) describing the research, a list of authors and their affiliations, and whether the submitting author would like to the abstract to be considered for an oral presentation, a poster, or either.

Without collecting information on how many people are planning to attend the meeting and their affiliation, NCI staff would not be able to properly plan for the conference. NCI staff also need to be able to collect abstracts prior to the conference in order to make decisions regarding the research presented at the conference, as this ensures that all research presented is relevant and of high quality.

DESCRIPTION OF RESPONDENTS:

The respondents are health researchers from various disciplines.

TYPE OF COLLECTION: (Check one)

Abstract
 Registration Form

Application
 Other: _____

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.

Name:

Bradford W. Hesse, Ph.D.

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

Amount: _____

Explanation for incentive: (include number of visits, etc.)

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Attendees	100	1	6/60	10
Presenters	60	1	1	60
Totals	160	160		70

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	70	\$45.26	\$3,168.20
Totals	70		\$3,168.20

* The total annualized cost to all respondents is \$3,168.20. This cost was calculated using a wage rate of \$45.26 per hour, which was obtained from the May 2016 Bureau of Labor Statistics website (http://www.bls.gov/oes/current/oes_nat.htm#00-0000), for the title “Medical Scientists,” occupation code 19-1040.

FEDERAL COST: The estimated annual cost to the Federal government is \$15,686.74

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					\$3,802.72
Branch Chief	Title 42	\$190,136,	2%		\$3,802.72
Contractor Cost					\$11,884.02
Developing and managing the registration & abstract submission website					\$11,884.02
Travel					\$0
Other Cost					\$0
Total					\$15,686.74

The selection of targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Survey form
 - Chart Abstraction
 - Other, Explain

2. Will interviewers, facilitators, or research coordinators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.