

**Introduction to the Principles and Practice of Clinical Research**

October 19, 2009 – March 15, 2010

**WAITLIST** Registration Form

**National Institutes of Health**

Please print clearly

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

M.I.: \_\_\_\_\_

Password: \_\_\_\_\_

(at least 4 characters – will only be accessible by IPPCR staff)

Profession:

\_\_\_\_ 1 – Physician

\_\_\_\_ 2 – NP/PA

\_\_\_\_ 3 – Psychologist

\_\_\_\_ 4 – Other

If other, please identify: \_\_\_\_\_

Email address (to receive confirmation)\* \_\_\_\_\_

Telephone (include area code): \_\_\_\_\_

Fax: \_\_\_\_\_

Pager: \_\_\_\_\_

NIH Institute: \_\_\_\_\_

Lab/Branch/Department: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Mail Stop Code: if applicable: \_\_\_\_\_

**\*Indicates required information**  
**Please fax this form 301-435-5275**