



REGISTRATION FORM

NIH PROPOSAL WRITING WORKSHOP

Monday, August 15, 2011

Please complete this form and return it by email to:
Dida Weeks at didaw@clermson.edu or by fax to **864-656-5143**
no later than August 5, 2011

Participant Name	Title
E-mail Address	Phone/Cell
Department	Office Address
Title of Proposed Research Project (if available)	
Proposed Submission Date	

NOTE:

Please bring your **Specific Aims** page. If you have submitted an NIH proposal and received reviewer's comments, we can also look at those in one-on-one meetings with you at the workshop and offer advice on how to respond.

If you have further questions, please contact:

Dr. Naren Vyavahare (656-5558, narenv@clermson.edu), or
Dr. Susan Chapman (656-5432, schapm2@clermson.edu)