Name:	Institution:	Email:
	National Institutes of Health (N	NIH) Grants Fundamentals
	One (1) full-day workshop and six (6) co (three (3) required sessions; the	
	Required W (NIH-	•
WS6: NIH Fur Tuesday, May Room: Ballroo	7   9:00 AM – 5:00 PM	
	Required S Must Take Three (3) sessions. C (NIH-	One (1) from Each Category
	Forms: Turned Down for What 0   9:30 AM - 10:30 AM	
	vard: All Things Prior Approval at NIH y 9   11:00 AM – 12:00 PM	
Compliance	g Up with ClinicalTrails.gov: A Systematic flay 8   9:30 AM – 10:30 AM	Approach in Maintaining
	ipient Monitoring-The Basics May 8   1:30 PM – 2:30 PM om GH	
	Elective Se Must Take Three (3). Select an Additio any of the Sessions	nal Session from Any Category OR
T104: NIH Up Thursday, May Room: J-West	y 9   9:30 AM – 10:30 AM	
	out Other Transactions Authority at NIH y 9   3:00 PM – 4:00 PM om GH	

Name: Institution:	Email:
F203: NIA Funding has Changed, Understand how to Assist Your Institution Receive Funding Friday, May 10   10:45 AM – 11:45 PM Room: Ballroom B	
Room. Battroom B	
Blank lines reserved for elective sessions at f On each blank line write the name of the session as well a	9