**RDCRN In-Person Registration Form**

Name (i.e., Debra S Regier, MD PhD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it should appear on your name badge (i.e. Deb Regier): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: (i.e. Children’s National Medical Center, Washington DC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Location for badge (CNMC, Washington DC):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies/Limitations (i.e. vegetarian, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best email address for this course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best cell/phone contact for course and time in DC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Table Assignment Information: Please rank the following from 1 (most) to 3 (least).**

**Research Population:**

\_\_\_ Pediatrics

\_\_\_ Adults

\_\_\_ All ages

\_\_\_ Animal Models

\_\_\_ In vitro Models

\_\_\_In silico Models

**Study Design:**

\_\_\_ Natural History

\_\_\_ Drug Trials

\_\_\_ Interventional trials (non-drug)

\_\_\_ Retrospective trials

\_\_\_ Physiological Mechanism Trials

\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_