

Fields with an asterisk (*) are REQUIRED.

Project Title*:

Applicant Information

I am a returning participant*

I am the Lead Academic Partner*

or

I am the Lead Community Partner*

Professional title:

First name*:

Last name*:

University/Institute/Agency*:

Department/Division*:

Office street address*:

Office city*:

Office state*:

Office zip code*:

Office phone*:

Office fax*:

Home address*:

Home city*:

Home state*:

Home zip code*:

Home phone:

Cell phone*:

Email*:

Alternate email*:

Degree(s) earned:

Year(s) obtained:

Specific areas of interest:

Are you interested in continuing education credits? Yes No

If "yes," what kind?

Mailing address (if different from above):

Emergency Contacts

Contact name*:

Contact home phone*:

Contact work phone*:

Contact cell phone*:

Alternate contact name*:

Alternate home phone*:

Alternate work phone*:

Alternate cell phone*:

Health insurance company*:

Policy number*:

Any special medical or personal information you would want an emergency care provider to know?

Transportation, Needs, Restrictions

Travel method*: Flying

Driving

Other (please specify):

I will require hotel accommodations*: Yes No

Special needs:
(e.g., handicap accessibility, sign language interpreter, etc)

Dietary restrictions:
(e.g., low-carb, vegetarian...please be very specific)

Religion/Worship service information needed:

Other Team Members Interested in Attending

Member #1:

Member #2:

Registration Agreement

I understand that the training institute can accommodate only a limited number of applicants and that an applicant who fails to attend after acceptance denies another worthy applicant the opportunity to participate. Therefore I assure that, if accepted, I will participate in the full program of the 2010 training institute from the evening of February 6, 2010 through February 10, 2010.

I have read, and I understand and commit to the above statement.

Application Submission

Applications must be received by November 18, 2009. Please submit the following application materials electronically only, via email to Linda_Viney@urmc.rochester.edu.

Supporting Material Checklist

- Applicant information sheets (pages 1-2) for each team member
- At least one letter of support for each team member written by a director, dean, or department chair
- A jointly-authored three-page statement of collaborative research intent in concept paper format that includes:
 - The names of partners, a brief description of the partnership, basis of their individual or career interests in attending the training, how the training experience will advance the research goals of the partnership, and what is innovative about their proposed effort (one page)
 - Research context and specific research aims, study design, information about the study population, expertise of the research team, location, and expected public health and policy relevance (two pages)
- Up-to-date Curriculum Vitae/Resume for each team member

You will be notified of your acceptance no later than January 5, 2010.