**Registration**

NC TraCS Professional Development Seminar for Clinical and Translational Researchers

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| --- | --- | --- |
| **Last Name:**  | **First Name:** | **Middle Name:** |
| UNC onyen: |  |
| Degrees**:** |  |
| Email address: |  |
| Primary Discipline: |  |
| Research Interest: |  |
| Applicant’s Department:Division: |  |
| Status at start of participation: | [ ]  Fellow / postdoc, what year? \_\_\_\_\_\_\_\_\_ [ ]  Faculty |
| Are you part of a formal training program? If so, please let us know which one (e.g. T32 in Pathology): |  [ ]  Yes, program: [ ]  No |
| Program start date: |  |
| Program Director Name: |  |
| Do you have mentors already identified? If so, please provide their names | [ ]  Yes, names: [ ]  No |
| Please give us an idea of your goals for the upcoming academic year |  |

Send this completed form along with your updated CV or NIH biosketch to Susan Pusek at suspusek@med.unc.edu

**REMEMBER: If you are not able to attend the majority of Friday sessions and/or are not planning to work on a research or scholarly product during the year DO NOT FILL OUT THIS APPLICATION. TraCS has other educational offerings in different formats that may be better options.**