**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](mailto: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.**