

## Technical Assistance Workshop

*Workshop for Minority & Emerging Scientists and Students Seeking Careers in Aging Research*

### 2005 Applicant Abstract (Please type)

Title of the research proposal \_\_\_\_\_

Name of presenter \_\_\_\_\_ University affiliation \_\_\_\_\_

Note: Abstract should not exceed 1 page. The abstract must contain 1/2 inch margins all around and include the information below. Below are sample format and content that may be included in the abstract.

**Background:**

**Specific Aims/Questions:**

**Hypothesis:**

**Methodology:**

**General Design:**

**Subjects (as applicable):**

**Instrumentation/Measurements (as applicable):**

**Analysis (as applicable):** *Repeated measures analysis of variance.*

Circle appropriate option

- |  |  |
|--|--|
| 1. junior Ph.D. student (pre-qualifying exam)  | 4. Faculty member/research associate (academic rank) |
| 2. senior Ph.D. student (post-qualifying exam) | 5. Other final degree (type and program name)        |
| 3. postdoctoral trainee (M.D. or Ph.D.)        |  |

### 2005 Technical Assistance Workshop Application Form *Please print or type (attach a current resume or curriculum vitae)*

Name \_\_\_\_\_ Degree \_\_\_\_\_

Social Security Number \_\_\_\_\_ Discipline \_\_\_\_\_

Research Interests (sub-discipline, research area; use no more than 10 words)

\_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_

Office Mailing Address \_\_\_\_\_

Institution Department

City State Zip Code

Office Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Fax Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Please use my:

Number of years research experience:

- home address
- office address

- less than 1
- 1 to 3
- more than 3

Note: Reimbursement of expenses is allowable for first-time participants only.

Please list a mailing address and telephone number where you can be reached during the month of September if different from above.

Mailing Address \_\_\_\_\_

City State Zip Code

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

**APPLICATION IS DUE (postmarked) July 15, 2005**

Send all application materials to:

**Technical Assistance Workshop  
National Institute on Aging  
National Institutes of Health  
Building 31, Room 5C-35  
31 Center Drive MSC 2292  
Bethesda, Maryland 20892-2292**

Please add my name to the mailing list

yes  no