

**Foundation for Advanced Education in the Sciences, NIH  
Partnership Request Form – NIH Educational and Training Events**

**Requestor name(s):** \_\_\_\_\_

Requestor(s) contact information – email and phone #: \_\_\_\_\_

**Type of function (lecture, journal club, workshop, symposium, reception, etc.), time(s) and date(s):**

Event Type/Purpose: \_\_\_\_\_

\_\_\_\_\_

One-time or recurring? \_\_\_\_\_

If recurring, number of events per FY: \_\_\_\_\_

Date(s) and Time(s): \_\_\_\_\_

Location \_\_\_\_\_

**Number and type of participants (senior clinical or laboratory investigators, trainees, technical staff, administrative staff):**

Number of Participants: \_\_\_\_\_

Participant Type(s): \_\_\_\_\_

\_\_\_\_\_

Source of participants (NIH-wide, Institute-wide, Lab/Branch-wide, Interest-Group, non-NIH):

\_\_\_\_\_

\_\_\_\_\_

**Requested Amount:** \_\_\_\_\_

**Breakdown of Costs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Event sponsor** (single event: Branch or Lab Chief; repeated event: Scientific or Center Director):

\_\_\_\_\_

\_\_\_\_\_

Date of request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FAES Admin**

Decision date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approved Amount: \_\_\_\_\_