REQUIRED SUBMISSION INFORMATION

NNLM staff will submit this information to the NNLM National Evaluation Center (NEC) to request a Participant Activity Survey (PAS) URL

CONTACTINFO	DRMATION	
Contact Information of the	primary organizer of the activity: NNLM Subawardee	*Boxes highlighted in Red are requir
First Name:	Last Name:	
Contact Email*:		
ACTIVITY INFO	DRMATION	
Date of Activity:		
Activity Title:		
Primary Audience:	General Public	
	Library Workforce	
	Underrepresented Populations (NIH Definition of Underrepresented Populations)	
	Other, specify	
To which Region/Office	e/Center is this Activity associated with?	
For Subawardee, Grant	ID number:	
	If unknown, your funding ROC will fill in	1
Do you want to evaluat	e unique learning objectives for this activity?	
$Yes \rightarrow If Yes, ple$		
No (Max 4 ob	jectives)	

Start Date:

Enter the **desired start date** for the URL to begin collecting data. **By default, ALL email links are open for data collection for a maximum of 1 week or 7 calendar days.** If you would like to request a longer data collection period, please contact your ROC staff contact.

