## **2023 BDSIL:**

## Data Science and the Public Health Consequences of the COVID-19 Pandemic

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| At <sup>-</sup> | tendance                                                                                                                                                                                   |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Par             | e to the highly interactive nature of this event, partial attendance is not allowed.<br>ticipants are required to attend each Micro Lab and the 5-day lab in its entirety.<br>ase confirm. |
| $\overline{}$   | Yes - I am available to attend the virtual microlab on Friday, April 14, 2023 from 12-<br>2pm ET *                                                                                         |
|                 | Yes - I am available to attend the virtual microlab on Friday, May 12, 2023 from 12-<br>2pm ET *                                                                                           |
| $\overline{}$   | Yes - I am available to attend the virtual microlab on Friday, June 9, 2023 from 12-2pm ET ${}^\star$                                                                                      |
|                 | Yes - I am available to attend the entire meeting from June 26-June 30, 2023 *                                                                                                             |
| lf y            | ou have any potential conflicts, please let us know here:                                                                                                                                  |
|                 | will have closed captioning via Zoom for these workshops; however, if you require                                                                                                          |

General Information

| Last Name *                                     |                   |         |  |   |
|-------------------------------------------------|-------------------|---------|--|---|
| ORCID ID                                        |                   |         |  |   |
| Are you affiliate                               | d with a CTSA pro | gram? * |  |   |
| ○ Yes ○                                         | No                |         |  |   |
| Phone Number                                    | *                 |         |  |   |
| +1 ()                                           | <del>-</del>      |         |  |   |
| Job Title *                                     |                   |         |  |   |
|                                                 |                   |         |  |   |
| Organization Na                                 | ame *             |         |  |   |
|                                                 |                   |         |  |   |
| Department / D                                  | ivision *         |         |  |   |
|                                                 | ivision *         |         |  |   |
|                                                 | ivision *         |         |  |   |
| Department / D City * State or Territo          |                   |         |  |   |
| City *                                          |                   |         |  | • |
| City *<br>State or Territo                      |                   |         |  | • |
| City *  State or Territo  Select                |                   |         |  | • |
| City *  State or Territo  Select                |                   |         |  | • |
| City *  State or Territo  Select  Postal Code * |                   |         |  | • |

| Racial Identity *                                                                                                          |   |
|----------------------------------------------------------------------------------------------------------------------------|---|
| Select                                                                                                                     | • |
| Ethnicity *                                                                                                                |   |
| Select                                                                                                                     | • |
| What is your age? *                                                                                                        |   |
| Select                                                                                                                     | • |
| Career Level *                                                                                                             |   |
| Select                                                                                                                     | ▼ |
| Date of Highest Degree *  How did you hear about this event? *                                                             |   |
| Select                                                                                                                     | • |
| Expertise and Research Focus  Biomed v Quant  1 - Biomedical 2 - More Biomedical 3 - About equal mix 4 - More Quantitative |   |
| ○ 5 - Quantitative                                                                                                         |   |
| What are your primary areas of expertise? *                                                                                |   |
| Please select all that apply  Applied Mathematics                                                                          |   |
| Artificial Intelligence                                                                                                    |   |
| Basic Neuroscience                                                                                                         |   |
| Behavioral Sciences                                                                                                        |   |
| ☐ Bioethics                                                                                                                |   |
| Biology                                                                                                                    |   |
| Clinical Research                                                                                                          |   |
| Computer Science                                                                                                           |   |

## What are your auxiliary areas of expertise?

Please select all that apply

| Select                           |                                                                                                                                                                                                                                                                                                     | _  |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Applicatio                       | n Questions                                                                                                                                                                                                                                                                                         |    |
| number of yea<br>participant, in | e a brief summary of your career highlights starting with job title and ars since highest qualification. Please note that if you are selected as formation provided in answer to this question may be made available icipants to facilitate networking at the event. (~200 words) *                 |    |
|                                  | u like to see this area of research developing over the next 10-15 yea<br>se your expertise and interests contributing to realizing the goal of the                                                                                                                                                 |    |
| . Сетенорг (                     |                                                                                                                                                                                                                                                                                                     |    |
| What is your a                   | pproach to teamwork? (~250 words) *                                                                                                                                                                                                                                                                 |    |
| How would yo                     | u explain your area of interest to individuals with different expertise t<br>250 words) *                                                                                                                                                                                                           | 0  |
| areas of expe<br>think innovati  | o is especially suited to individuals who enjoy stepping outside their<br>rtise or interest, are positively driven, enjoy creative activity, and can<br>vely. It is an intensive setting requiring you to develop novel approach<br>Is you may not know. How do you consider yourself suited? (~250 | es |
| •                                | ope to gain from participating in this Innovation Lab, personally and ? (~250 words) *                                                                                                                                                                                                              |    |
|                                  |                                                                                                                                                                                                                                                                                                     |    |
| Submit                           |                                                                                                                                                                                                                                                                                                     |    |

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