



PR-INBRE Activity Evaluation Request Form

To better assist you, please complete the following items about your request. Submit this form at **least 2 weeks** before the activity proposed date.

Activity related to:

- Administrative Core
- Centralized Research and Instrumentation Core
- Bioinformatics Core
- Science and Technology Competency & Enhancement
- Developmental Research Project Program

Type of Activity:

- Hands-on Workshop
- Seminar
- Meeting
- Conference
- Course
- Other, _____

Funds:

- PR-INBRE is the only sponsor
- PR-INBRE is a co-sponsor. Please provide the information (i.e. program name, grant number) of the activity co-sponsors:

Contact Information for the Activity Coordinator

Name:

Email Address (1):

Email Address (2):

Telephone Number:

Description of the Activity

Title of the Activity:

Presenter Name:

Presenter Email (if available):

Date of the Activity:

Time: (__am/ __pm)

Place of the Activity:

Duration: _____ hours

Number of Expected Attendees:

How many days will the activity last?

___ N/A ___ Half-day (__am or __pm) ___ 1 day ___ 2 days ___ 3 or more days Other: _____

Description of the Activity (includes objectives, summary of main topics, expected outcomes) 1-2 paragraphs

this description will be included in the annual progress report of the Core

Person to contact the day of the activity or in case of change in the activity agenda.

Name:

Telephone:

Evaluation Request

I request the evaluation support of INBRE evaluation team to design & implement the activity evaluation

The activity will be evaluated by another person/group** (i.e. RCMI, PRCTRC, RISE)

***In this case, provide the information of the contact person for evaluation in order to access the evaluation results.*

Name:

Email:



Save AS the PDF with the name of the activity (i.e. Protein Workshop). Please keep a copy for your records.



Send the PDF to inbre.pr@gmail.com