



PR-INBRE Activity Evaluation Request Form

To better assist you, please complete the following items about your request. Submit this form at **least 2-3 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, _____

Format:

- In-person
- Virtual
- Hybrid

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 (if apply):

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 **REQUIRED**

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