



Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

IRB Required

Title: \_\_\_\_\_  ORC Required CRECs: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Name <i>Please Print</i>	Email <i>(May leave blank if in UH address book)</i>	Your Role in Research <i>*Required</i> <i>(PI, Coordinator, Admin, Regulatory, etc.)</i>	Department <i>*Required</i>	Signature

Scanned to S: drive

Submitted for CREC-or-  N/A

Community Db: Updated contact list and individual attendance

Education Sessions Db: Added Course and uploaded sign-in sheet