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| *Before completing this questionnaire, please visit the 'Resources' tab of the NIHBPSSIII Website* *for more information on using the NIHBPSSIII contract vehicle.* |

**Today's Date:** Click here to enter a date.

1. I would like to request additional information/training on using/completing the:

a. Choose an item.

b. Choose an item.

c. Choose an item.

Other: Click here to enter text.

2. Questions I have regarding the selection made above include, but are not limited to:

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

3. Please provide us with your availability for several dates and times.

Note: Wednesdays and Fridays are optimal days for in-person training. When providing times for training, please provide time ranges of several hours. Training is expected to take approximately one hour.

a. Date: Click here to enter a date. Times: Click here to enter text.

b. Date: Click here to enter a date. Times: Click here to enter text.

c. Date: Click here to enter a date. Times: Click here to enter text.

d. Date: Click here to enter a date. Times: Click here to enter text.

Would you be able to attend training at our offices (6011 Executive Blvd)? [ ] Yes [ ] No

**Contact Information:**

**Name:** Click here to enter text.

**E-Mail:** Click here to enter text

**Telephone:** Click here to enter text.

**NIH IC/Federal Agency:** Click here to enter text.

**Location/Address:** Click here to enter text.

**Please e-mail this form to the NIHBPSSIII Program Support Team at** **NIHBPSSIII@mail.nih.gov****.**