

## Registration Form

Complete this form today, or register online at:

## www.ShakeOut.org/arizona

1.	Category: (Please select one.)
	Individual/Family (if under 18, ask a parent to register)
	Organization (Please check only ONE box)  Business  Local Government  State Government  Federal Government  Tribes  Healthcare  Science/Engineering  Non-Profit  Faith-Based  Museum/Library/Park/etc  Preparedness Organization  Volunteer Radio Group  Media  Neighborhood Group  Senior Facility/Community  Disability/AFN Organization  Volunteer/Service Club  Agriculture/Livestock  Animal Shelter/Service  Youth Organization  Childcare/Pre-School  K-12 School or District  College/University
	Organization name:  Department:
	I have authority to submit this registration form on behalf of my organization.
2.	<b>Number</b> of people that will participate in your "Drop, Cover, and Hold On" drill on <b>October 15, 2015</b> (or on this alternate date in October:):  Schools: please list staff and students as separate numbers.
3.	Contact Information:
	Name:
	(First) (Last)
	City:
	Email:
	Organizations only:
	Title:
	Address:
4.	Permissions:
	Is it OK to list your name/organization on our website as a participant?   Yes  No Is it OK to share your information with researchers who are studying ShakeOut activities?  Yes  No Is it OK to send you e-mail updates about the ShakeOut?  Yes  No
5.	Next step:
	If you provided an email address you will be sent a confirmation with instructions for how to review and revise your registration details.



