## Registration Form

Complete this form today, or register online at:

## www.ShakeOut.org

1. Category: (Please select one)
__ Individual/Family (skip to \#2)
$\qquad$ Business Government $\qquad$ Faith-based community Community Group __ Media __ Other: $\qquad$
(For schools, complete our Agreement of Participation form)
Organization name: $\qquad$
$\qquad$ I have authority to submit this participation form on behalf of my organization.
2. Number of family members, staff, or others that you represent, including yourself, that will likely participate in the ShakeOut: $\square$
3. Contact Information:

Name:
(First)
(Last)

Title: $\qquad$ (if an organization)

Department: $\qquad$ (if an organization)

Address:
City: $\qquad$ State: $\qquad$ Zip: $\qquad$
Phone: $\qquad$ Email: $\qquad$
4. Recognition:

Is it OK to list your name/organization as a participant? $\qquad$ Yes $\qquad$ No

Is it OK to share your information with researchers who are studying ShakeOut activities? $\qquad$ Yes $\qquad$ No
5. Comments or questions?

