



Registration Form

Complete this form today, or register online at:

www.ShakeOut.org/CentralUS

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 Tribe
 Medical Facility Science/Engineering Non-Profit Faith-Based Museum/Library/Park/etc
 Preparedness Organization Communication Group Media HOA/Retirement Community
 CERT Group Neighborhood Group Service Organization Scouting Group
 Childcare/Pre-School K-12 School or District College/University

Organization name: _____

I have authority to submit this participation form on behalf of my organization.

2. Number of people you represent (in your family or in your organization, including yourself) that will participate in the "Drop, Cover, and Hold On" drill on February 7, 2012 (schools: list staff and students as separate numbers)

3. Contact Information:

Name: _____
(First) (Last)

City: _____ County: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Organizations only:

Title: _____

Department: _____

Address: _____

4. Recognition:

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

5. Next step:

If you provided an email address you will be sent a confirmation for updating your information. Registered participants will receive ShakeOut updates and other earthquake information via email.

