



Registration Form

Complete this form today, or register online at:

www.ShakeOut.org

1. Category: (Please select one.)

Individual/Family
(if under 18, ask a parent to register)

Organization
 Business Government School Faith-based organization
 Community Group Media Other: _____

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 ShakeOut “drop, cover, and hold on” drill on October 15, 2009:

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 of your registration and a password for updating your information. Registered participants will receive ShakeOut updates and other earthquake information via email.