



# Registration Form

Complete this form today, or register online at:

[www.ShakeOut.org](http://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 21, 2010:

**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.