The Great ShakeOut™

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 (Please check only ONE box)

☐ Business ☐ Local Government ☐ State Government ☐ Federal Government ☐ Tribes/Indigenious
☐ 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. Number of people that will participate in your "Drop, Cover, and Hold On" drill on **October 18, 2018** (or on this alternate date in 2018: _____):

Schools: please list staff and students as separate numbers.

3. Contact Information:

Name: _____ _____
(First) (Last)

City: _____ State:_____ Zip/Postal Code:_____ Country:_____

Email: _____ Phone: _____

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.

Return via mail or fax to 213-740-0011
Earthquake Country Alliance c/o SCEC
3651 Trousdale Parkway #169, Los Angeles, CA 90089

Earthquake Country **Alliance**
We're all in this together.