Registration Form

Complete this form today, or register online at:
www.ShakeOut.org

1. **Category:** (Please select one)
   - ___ Individual/Family  *(skip to #2)*
   - ___ Business  ___ Government  ___ Faith-based community
   - ___ Community Group  ___ Media  ___ Other: ______________________

   *(For schools, complete our Agreement of Participation form)*

   Organization name: ____________________________________________

   ___ 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:

3. **Contact Information:**

   Name: ______________________________________________________
   *(First) (Last)*

   Title: ________________________________________________________ *(if an organization)*

   Department: __________________________________________________ *(if an organization)*

   Address: ____________________________________________________

   City: ______________________ State: _________ Zip: _____________

   Phone: ______________________ Email: ______________________

4. **Recognition:**

   Is it OK to list your name/organization as a participant? ___ Yes ___ No

   Is it OK to share your information with researchers who are studying ShakeOut activities? ___ Yes ___ No

5. **Comments or questions?**

   ____________________________________________________________
   ____________________________________________________________

Return via mail or fax to 213-740-0011
ShakeOut / Southern California Earthquake Center
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