

Women's Health Awareness Day 2016 Registration

OMB # 0925-XXXX

Expiration Date: XX/XXXX

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First Name:*

Last Name:*

Preferred Email:*

Preferred Phone Number:*

Cell Phone Number:

Address:*

City:*

State:*

Zip Code:*

Age:*

- Under 21 years of age
- 21-30
- 31-40

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- 41-50
- 51-60
- 61 and above

Gender:*

- Female
- Male

Are you Hispanic/Latino?*

- Yes
- No

Select one or more of the following races:*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.**

- No schooling completed
- Nursery school to 8th grade
- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

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Marital Status:*

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

Employment Status:*

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Military
- Retired
- Unable to work

Annual Household Income:*

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

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Did you attend Women's Health Awareness Day 2015?*

- Yes
- No

I am interested in participating in:*

- Full day, including workshops and receiving health services
- Morning workshops
- Afternoon workshops
- Health services
- Other

How did you hear about this event?*

- Family/Friend
- Social media
- Listserve
- Newspaper
- Other: _____

Do you have any special accommodation needs?*

- Yes
- No

If so, please let us know what they are.

Do you require Spanish interpreter services?*

- Yes
- No

Do you require Handicapped Parking?*

PLEASE NOTE: Handicapped Parking require Official NC Handicap Decal

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- Yes
- No

Level of participation*

- Participant
- Volunteer
- Speaker
- Interpreter
- Exhibitor

Are you a member of:

Delta Sigma Theta Sorority, Inc.

- Chapter: _____

Latinas Promoviendo Comunidad/Lambda Phi Chi Sorority, Inc.