## Instructions for xxx-xxx

Online Registration Form for FSA-Hosted Events and Conferences

Fld Name/ Item No.	Instruction
1	Required entry. Select name prefix of registrant from dropdown box.
Prefix	Choices include "Mr., Mrs., Miss, Dr., The Honorable, Rev."
2	Required entry. Enter first name of registrant.
First Name	Required entry. Enter mist hame of registrant.
3	Enter middle name or middle initial of registrant.
Middle name or Initial	Effect findale fiame of findale findal of registrant.
4	Required entry. Enter last name of registrant.
Last name	Required entry. Enter last name of registrant.
5	Required entry. Enter email address.
Email Address	Required efficies. Efficie efficies address.
6	Entar title of registrant
Title	Enter title of registrant
7	Enter Company/Organization
Company/Organization	Enter Company/Organization.
· · · ·	Demined anton Calast efficiency Chaires include "Callege (University)
8	Required entry. Select affiliation. Choices include "College/University,
Affiliation	Cooperative Extension, Federal Government Agency, State Government
	Agency, Non-Profit Organization, Business, Farming, Other".
9	Required entry. Select the County of residence from the dropdown box
Country	
10	Required entry. Enter the Street address line 1.
Street Address Line	
One	
11	As needed, enter the second line of the street address.
Street Address Line	
Two	
12	Required entry. Enter the City.
City	
13	Required entry. Select the State or Province from the dropdown box.
State/Province	
14	Required entry. Enter the ZIP or postal code.
ZIP/Postal Code	
15	Required entry. Select the address type from the dropdown box. Choices
Address Type	include "Work Address or Home Address"
16	Required entry. Enter the 10-diget phone number including area code.
Phone	
17	Enter the first name, last name, and email address of individuals whom you
Invite People	would like to invite to the event. You may enter up to two individuals. In
	the comment box, add a short message to be included in the invitation.
18	Read the waivers of claim and release of liability. Check the box to agree to
Waivers of Claim and	the terms.
Release of Liability	

19	Check any special service aids you may need to participate in the event.
Do you require specific	
aids or services?	
20	Select your gender from the dropdown box. Chose from "Male or female".
Gender	
21	Provide your veteran status by selecting the response from the dropdown.
Veteran Status	Choices include "No or Yes".
22	Select your Ethnicity. For this questionnaire, Hispanic or Latino origins are
Ethnicity	not races. You may select either "Hispanic or Latino" or "Not Hispanic or
	Latino"
23	Mark all races which apply to registrant. Choices include "American Indian
Race	or Alaskan Native, Asian, Black or African American, Native Hawaiian or
	Pacific Islander, White/Caucasian, Other". If "Other" is selected, please
	specify.
24	Mark the method in which you heard about the event. Choices include
How did you hear	"Word of Mouth, Email, Social Media, Publication, At Another Event, Other".
about the event?	If "Other" is selected, please specify.
25	Choose the registration option by selecting the desired event. Summaries of
Choose Registration	the event are included on the registration screen.
Option	
26	Select the desired payment type. Complete required payment information
Submit Payment	as applicable.
Submit	Click the "Submit" button to complete the registration process.