

Registration for Addressing Social Risks Workshop

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* Required

First Name *

Your answer

Last Name *

Your answer

Title *

Your answer

Addressing Social Risks (ASR) Workshop Registration Form

Institution/ Organization *

Your answer

Address *

Your answer

City *

Your answer

State *

Your answer

Email Address *

Your answer

Addressing Social Risks (ASR) Workshop Registration Form

Are you Hispanic, Latino/a, or Spanish Origin? *

- Yes
- No
- Prefer not to answer

What is your race? *

- American Indian
- Asian
- Black of African
- Native Hawaiian
- White
- Prefer not to answer

What is your sex? *

- Male
- Female
- Prefer not to answer

Addressing Social Risks (ASR) Workshop Registration Form

Please describe your organizational type/industry (select the one most relevant for this workshop.) *

- Community
- Healthcare
- Government
- Policy
- Private Sector
- Research
- Social Services
- Other: _____

Please describe your role (select the one most relevant for this conference). *

- Administrator/ Executive
- Clinician
- Community Member/ Stakeholder
- Government
- Patient Navifator
- Policymaker
- Researcher

Addressing Social Risks (ASR) Workshop Registration Form

Please indicate your social risk or social needs topic area of interest (Select all that apply.) *

Food insecurity

Housing instability

Transportation barriers

Not Applicable

Other: _____

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