Instructions for Online Registration Form for FSA-Hosted Events and Conferences

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| Fld Name/ Item No. | Instruction |
| 1  Prefix | Required entry. Select name prefix of registrant from dropdown box. Choices include “Mr., Mrs., Miss, Dr., The Honorable, Rev.” |
| 2  First Name | Required entry. Enter first name of registrant. |
| 3  Middle name or Initial | Enter middle name or middle initial of registrant. |
| 4  Last name | Required entry. Enter last name of registrant. |
| 5  Email Address | Required entry. Enter email address. |
| 6  Title | Enter title of registrant |
| 7  Company/Organization | Enter Company/Organization. |
| 8  Affiliation | Required entry. Select affiliation. Choices include “College/University, Cooperative Extension, Federal Government Agency, State Government Agency, Non-Profit Organization, Business, Farming, Other”. |
| 9  Country | Required entry. Select the County of residence from the dropdown box |
| 10  Street Address Line One | Required entry. Enter the Street address line 1. |
| 11  Street Address Line Two | As needed, enter the second line of the street address. |
| 12  City | Required entry. Enter the City. |
| 13  State/Province | Required entry. Select the State or Province from the dropdown box. |
| 14  ZIP/Postal Code | Required entry. Enter the ZIP or postal code. |
| 15  Address Type | Required entry. Select the address type from the dropdown box. Choices include “Work Address or Home Address” |
| 16  Phone | Required entry. Enter the 10-diget phone number including area code. |
| 17  Invite People | Enter the first name, last name, and email address of individuals whom you 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  Waivers of Claim and Release of Liability | Read the waivers of claim and release of liability. Check the box to agree to the terms. |
| 19  Do you require specific aids or services? | Check any special service aids you may need to participate in the event. |
| 20  Gender | Select your gender from the dropdown box. Chose from “Male or female”. |
| 21  Veteran Status | Provide your veteran status by selecting the response from the dropdown. Choices include “No or Yes”. |
| 22  Ethnicity | Select your Ethnicity. For this questionnaire, Hispanic or Latino origins are not races. You may select either “Hispanic or Latino” or “Not Hispanic or Latino” |
| 23  Race | Mark all races which apply to registrant. Choices include “American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White/Caucasian, Other”. If “Other” is selected, please specify. |
| 24  How did you hear about the event? | Mark the method in which you heard about the event. Choices include “Word of Mouth, Email, Social Media, Publication, At Another Event, Other”. If “Other” is selected, please specify. |
| 25  Choose Registration Option | Choose the registration option by selecting the desired event. Summaries of the event are included on the registration screen. |
| 26  Submit Payment | Select the desired payment type. Complete required payment information as applicable. |
| Submit | Click the “Submit” button to complete the registration process. |