

## Event Registration Form

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**[Insert Title of the Webinar/Training]**

**[Insert Description of the Webinar/Training]**

**[Insert Date and Time of the Webinar/Training]**

Thank you for your interest in participating in [insert name of training or webinar]. This is an Immigration Legal Services for Afghan Arrivals (ILSAA) event, as such, information provided during registration may be shared with the Office of Refugee Resettlement with identifying information held private and all reporting done in aggregate for evaluation purposes. If you have any questions about this form, please email Knowledge Management Coordinator, Amber Blatt, at [Amber.Blatt@icf.com](mailto:Amber.Blatt@icf.com)

First and Last Name: \_\_\_\_\_ (write in)

Email Address: \_\_\_\_\_(write in)

State/Region: \_\_\_\_\_ (drop-down list)

Which best describes your profession? \_\_\_\_\_(drop-down list) (select one)

- Accredited Representative
- Attorney
- Education Professional
- Federal Employee
- Interpreter/Translator
- Paralegal
- Social Services Professional
- State Refugee Coordinator
- Student/Intern

- Other, please specify \_\_\_\_\_ (write in)

What best describes your affiliated organization? \_\_\_\_\_(drop-down list)(select one)

- School and/or Other Educational Institution
- Ethnic Community-Based Organization
- Faith-Based Organization
- Federal Agency
- Legal Service Provider, including Legal Clinics
- Resettlement Agency or Affiliate
- Social Services Provider
- State Agency
- Other, please specify \_\_\_\_\_(write in)