



**ILSAA**

IMMIGRATION LEGAL SERVICES  
FOR AFGHAN ARRIVALS

## Event Registration Form

**OMB Control No.: 0970-XXXX**

**Expiration Date: XX/XX/XXXX**

*THE PAPERWORK REDUCTION ACT (PRA) OF 1995 (Pub. L. 104-13) The purpose of this information collection is to register participants for events developed by the Immigration Legal Services for Afghan Arrivals project, an Office of Refugee Resettlement initiative. Public reporting burden for this collection of information is estimated to average one minute per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. A federal agency may not conduct or sponsor, and no individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty or failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless that collection of information displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Malia Kim, Capacity Building Director, ICF, by email at [Malia.Kim@icf.com](mailto:Malia.Kim@icf.com).*

**[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 [position], [name], at [email].

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)

Please indicate below if you would like to opt out of receiving monthly ILSAA newsletters.