

# Registration From

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First name \*

Your answer

Last name \*

Your answer

Email address \*

Your answer

Title

Your answer

Degrees

Your answer

Institute/Organization \*

Your answer

Address

Your answer

Your answer

City

Your answer

State

Your answer

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

What is your race?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

What are your preferred pronouns?

- ☐ He/Him
- ☐ She/Her
- ☐ They/Their
- ☐ Prefer not to answer

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/Patient Advocate
- ☐ Patient Navigator
- ☐ Policymaker
- ☐ Researcher
- ☐ Social Services Professional
- ☐ Other: \_\_\_\_\_

Please indicate if you would like to be included in the Workshop Directory and further communications. This may include preconference surveys for workshop planning and discussion. \*

- ☐ Yes
- ☐ No

**Submit**

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