UNIVERSITY OF ARIZONA COOPERATIVE EXTENSION
Event Sign-In and Media Release Form

EVENT NAME: _____ **PRESENTER:** _____

LOCATION: _____ **DATE:** _____

LAST	FIRST	INITIAL	EMAIL	PHONE#	GENDER*	ETHNIC ID*

*** Gender and Ethnic Identification is optional but appreciated**

1. White, not of Hispanic Origin
2. Black, not of Hispanic Origin
3. American Indian or Alaskan Native
4. Hispanic
5. Asian or Pacific Islander

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