

**Serving on Group Training
Registration Questionnaire**

First and last name(s): _____ Phone #: _____

E-mail _____

Please note that, while the responses to race, ethnicity, and primary language are indicated as "optional," we are required to collect and report on this data to demonstrate that we are serving the diverse populations that exist within the United States. We ask you to please respond to these questions if you are comfortable doing so.

What is your primary language? (optional) English Spanish Other _____

How do you identify your ethnicity / race? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Some other race/ethnicity: _____ |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Prefer not to answer |

What is the best way to contact you?

- Phone
- E-mail
- Text
- Other: _____

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