



REGISTRATION FORM

(Please Print Clearly)

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Date of Birth: ____/____/____

School: _____

Graduation Year: _____

Organization (if applicable): _____

Name of your GSA's Advisor: _____

Email of Faculty Advisor: _____

Approximate Number of Student In your GSA: _____

Number of Students Participating in GSA Day: _____

Iowa Pride Network strives for diversity in all aspects of its programs. The following three questions are optional but are very important to us:

Gender(s): _____

Sexual Orientation(s): _____

Ethnic Background(s): _____

What is your GSA planning to do for National GSA Day?

If you are not registering online, please print, fill-out, and mail this application to:

Iowa Pride Network
777 Third St. Suite 312
Des Moines, IA 50309

REGISTRATION
DEADLINE: January
20, 2012

If you have questions, please contact:
dana@iowapridenetwork.org or call 515-471-8063