

iowapridenetwork's

4th annual

LGBT & ALLIED STUDENT LEADERSHIP TRAINING

August 14, 2008 Des Moines, Iowa 10am-4pm Location: TBD

REGISTRATION FORM

(Please Print Clearly)

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Age _____

School (if applicable): _____

Graduation Year: _____

Organization (if applicable): _____

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): _____

NOTE: if you are under 18, please fill out the "Parent/Guardian" and "Medical Release" Forms available at www.iowapridenetwork.org. If you are over 18, please provide the necessary emergency contact information in the medical release. This is a requirement; you will not be permitted into the training without these signed forms.

PHOTO RELEASE (optional):

Please be advised that I hereby authorize Iowa Pride Network to reproduce my image, photographed or filmed for publicity and fundraising purposes.

By checking this box, you agree to the photo release

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

Iowa Pride Network
P.O. Box 1797
Des Moines, IA 50305-1797

You may also fax your application to: **515-276-6396** If you have questions, please contact:
rachel@iowapridenetwork.org or call **515-243-1110**