

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

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