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

**EVENT NAME:** ____________________________________________________

**PRESENTER:** ___________________________________________________

**LOCATION:** _____________________________________________________

**DATE:** ____________________

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>INITIAL</th>
<th>EMAIL</th>
<th>PHONE#</th>
<th>GENDER*</th>
<th>ETHNIC ID*</th>
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</thead>
</table>

* 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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