

ARMY FAMILY ACTION PLAN CONFERENCE

20 and 21 February 2002

CONFERENCE REGISTRATION FORM

DATA REQUIRED BY THE PRIVACY ACT OF 1974; AUTHORITY: 5 USC 301, 10 USC 3013. PRINCIPAL PURPOSE: Identification of participants in the Army Family Action Plan Conference. ROUTINE USES: Used to record the names and addresses of attendees of the Army Family Action Conference. Used to contact participants and as basis for preparing a directory of conference attendees which will be distributed to attendees and Army officials for networking purposes. DISCLOSURE: Disclosure is voluntary. If the requested information is not provided registration for the conference and inclusion in the conference directory may not be possible.

1. FIRST NAME: _____ MI: _____ LAST NAME: _____
 MAILING ADDRESS _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ E-MAIL: _____
 Do you have children? _____ yes _____ no Do you need childcare? _____ yes _____ no

COMPLETE ALL THAT APPLY.

2. YOUR MILITARY AFFILIATION?
 (If not applicable, go to item 3.)

- a. Are you a:
 _____ Soldier or Retiree
 _____ Spouse of Soldier or Retiree
 _____ Youth of Soldier or Retiree
- b. Are you or is your sponsor:
 _____ Active-Duty
 _____ Reserve
 _____ National Guard
 _____ Retired
- c. _____ Army _____ Navy _____ Air Force
 _____ Marine
- d. Rank: _____
- e. Job Title: _____

3. YOUR DA CIVILIAN AFFILIATION?

- a. Are you a:
 _____ DA Civilian Employee
 _____ Spouse of DA Civilian
 _____ Youth of DA Civilian
- b. Are you or is your sponsor:
 _____ APF (GM, GS, WG)
 _____ NAF (NF)
- c. Grade/Series: _____
- d. Job Title: _____

4. YOUR MARITAL STATUS?

___ Single ___ Married ___ Widower/Widow

5 ARE YOU-

___ Dual-Military ___ Sole-Parent ___ Other

6. YOUR CONFERENCE PARTICIPATION?

_____ Delegate _____ Conference Volunteer
 _____ Facilitator _____ Conference Staff
 _____ Recorder _____ Speaker
 _____ Subject Matter Expert
 Date of Training _____

7. WHERE HAVE YOU PARTICIPATED IN A FAMILY CONFERENCE? WHEN?

_____ Installation level; what year(s)? _____
 _____ MACOM level; what year(s)? _____
 _____ DA level; what year(s)? _____
 _____ Never participated at any level

For more information contact AFAP Services Coordinator at 533-3686/2330

Registrations may be taken to Army Community Service or faxed to AFAP Services Coordinator at 533-3778