**National 4-H Conference**

**ADULT Registration Form**

**State Offices: This form is for gathering information from your attendees. You will need to enter the registration information @ Conference Registration online.**

**Contact Information**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please PRINT your name as you would like it to appear on your name badge. (Do not provide nicknames.)** | | | | | | | | | | | |
| First Name: | | | | Last Name: | | | | | | | |
| **Please print your full legal name that matches the photo I.D. you will use to enter secure locations.** | | | | | | | | | | | |
| First: Middle: Last: | | | | | | | | | | | |
| Male  Female | | | Date of Birth:   /  / | | | | | | | Age: | |
| Address: | | | | | | | | | | | |
| City: | | | | State: | | |  | | Zip Code: | |  |
| Phone #: | (   )     - | Home  Work | | | | Cell #: | | (   )     - | | | |
|  |  | | | | | | | | | | |
| E-mail: |  | | | | | | | | | | |
| Do you have any special assistance needs?  Yes  No  If yes, please list: | | | | | | | | | | | |
| Do you have any food allergies?  Yes  No  If yes, please list: | | | | | | | | | | | |
| Emergency Contact Name: | | | | | Emergency Contact Phone Number: | | | | | | |

**Choices**

|  |  |
| --- | --- |
|  | |
| The Conference t-shirt is included in the cost of registration. Please list your t shirt size | |
| T-shirt Size: | Small  Medium  Large  XL  2XL  3XL |

**Rank your top three choices for roundtable topics by number (see separate list):**

**1st \_\_\_ 2nd \_\_\_ 3rd \_\_\_**