

New Attendee Information Sheet:

Staple business card here
or complete below.

Name: _____

ORGANIZATION _____

PPREFERRED PHONE _____ ALTERNATE PHONE _____

EMAIL _____

PREFERRED MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

Can we add you to the email distribution list (approximately 1 email per month)? _____

Can we share your information with our RISFAC partners? _____

Can we share your information on our RISFAC website? _____

Can we share your information internally within our military organizations? _____

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