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***Registration Form***

*Please answer all questions completely.*

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name: ­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­

**Title: Mr.** 🗌  **Mrs.** 🗌 **Ms.** 🗌 **Dr.** 🗌 **Bishop** 🗌 **Rev.** 🗌 **Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(please specify)**

**Organization/Affiliation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community-Based Organization** 🗌 **Faith-Based Organization**  🗌 **Both** 🗌

**Position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Geographical Service Area:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check any of the following that are part of your current position:**

**Health program planning** 🗌 **Health Education**  🗌 **Health Outreach Services** 🗌

**Work Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How did you hear about the PLANET MassCONECT (email, flyer, phone call, meeting, etc.)?**

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1. **Did someone refer you? If yes, who?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What are you hoping to learn from the PLANET MassCONECT training?**

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*Please send completed forms to* ***Doris Sempasa. You can****:*

* *Email form directly to doris\_sempasa@dfci.harvard.edu OR* *Call 617-632-5252*
* *We will notify you regarding the status of your application via email*

The UMass Boston and Dana Farber/Harvard Cancer Center Outreach Core is part of the U54 Partnership

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