

ARMY FAMILY ACTION PLAN TRAINING AND PLANNING CONFERENCE REGISTRATION FORM

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC, Section 301.
 PRINCIPAL PURPOSE: Collect information for participants for the Army Family Action Plan (AFAP) Training and Planning Conference sponsored by the Army Community Service (ACS).
 ROUTINE USE: ACS will use the information, to include home address and telephone numbers of participants, to provide information before and after the conference.
 DISCLOSURE: Voluntary. However, the registration will not be processed without a home address and telephone numbers.

SECTION I. PARTICIPANT'S INFORMATION

1. Last Name, First Name, Middle Initial

- Active Duty Military Department of the Army Civilian
 Retired Military (*Skip Numbers 2 - 6*) Family Member (*Skip Numbers 2 - 6*)

2. Organization

3. Duty Title/Position

4. Rank/Grade

5. Work Telephone Number

6. Email Address

7. Home Address

8. Please provide telephone number(s) you want to be contacted:

Home Phone

Work Phone

Cell Phone

SECTION II. CONFERENCE INFORMATION

1. Please identify your role in the conference:

- Delegate Subject Matter Expert Facilitator

2. Please check appropriate category or categories that applies to you:

- Married Single Single Parent Dual Military
 Spouse of Active Duty Officer Spouse of Active Duty Enlisted Spouse of Retiree Surviving Spouse
 Others (*Please specify*) _____

3. Have you ever participated in an Army Family Action Plan Training and Planning Conference? Yes No

4. Work Group Preference. In order of preference, please indicate your top three choices:

Entitlements/Force Support

Medical/Dental

Family Support/Family, Morale, Welfare and Recreation/Education/Employment

Public Works/Housing/Relocation/Transportation

Single Service Member Work Group

DATE SENT

To send Registration Form, please click on the "SUBMIT" button.