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**Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Gender**: \_\_\_ Female \_\_\_ Male \_\_\_ I do not identify as either \_\_\_ I prefer not to answer

**Please check all that apply**:

\_\_\_ American Indian/Alaska Native \_\_\_ Asian

\_\_\_ Black or African American \_\_\_ Hispanic or Latino

\_\_\_ Native Hawaiian and other Pacific Islander \_\_\_ White (Caucasian)

\_\_\_ Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your county of residence?

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

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