



A Demonstration Project of the U.S. Department of Labor Women's Bureau
 & COCONINO COUNTY COMMUNITY SERVICES
 2008-2009

PARTICIPANT REGISTRATION

Please print clearly.

Name _____

Address _____

City, State, Zip _____

Email _____ Phone Number _____

Recruited by _____

Art form (circle all that apply): Jewelry, Pottery, Weaving, Painting, Carving, Other _____

In transition, my short-term goal is to:

- _____ complete technology training
- _____ complete business training
- _____ develop professional soft skills: customer service, marketing, other _____
- _____ other (e.g. personal financial mgmt training, etc.) _____

My long-term goal is to:

- _____ start or enhance my business
- _____ other (e.g. get a degree, start alternative career): _____

I understand that by participating in this program I may be asked whether the program has been beneficial to me, including whether my financial situation has improved. As a participant in this program I may be offered basic business training in one or more key areas designed to improve my business. Participants are encouraged to develop one-on-one relationships with other artists so they can further assist each other and with specific business practice questions and concerns. Please indicate which of the following basic business related training topics are of most interest to you.

Tracking of my money and expenses
Displaying and pricing my products
Marketing myself, my products and my culture

Talking about my business
Writing my business plan
E-Bay Business Basics

For NANACT Web site development:

NANACT may use MNA and/or other photos of me for promotion purposes. [Y / N]

NANACT may include my name and contact information (phone_, e-mail_, address_). [Y / N]

Signature: _____ (phone recruit __) Date: _____

In order to better serve our constituency, we would like to know more about you. All of the following requested information is voluntary, but very helpful for planning purposes.

Please select one or more:

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Tribal
Affiliation: Navajo Hopi Zuni
Other Please Specify _____

Sex: Female Male

Age: 16-24 25-54 55 or more

Education: Less than HS grad HS grad no college Some college Associate degree
Bachelor's degree Master's degree Ph.D. degree Professional degree

Occupation: _____

Marital status: Married Separated Divorced Never Married

Number of children under 18 (and their ages):

Number of elders who may need day care:

Please return this form as soon as possible to:

**Scott Neuman
Coconino County Community Services Dept.
2625 N King Street, Flagstaff AZ 86004
FAX 928-679-7461**

For more information or questions, please contact Scott Neuman by telephone at 928-679-7463, or by e-mail at sneuman@coconino.az.gov.

(05/13/09)