



TEAM REDSTONE ARMY FAMILY ACTION PLAN CONFERENCE

Redstone Officers' and Civilians' Club
3-4 November 2010, 0800 - 1600



REGISTRATION FORM

DATA REQUIRED BY THE PRIVACY ACT OF 1974; AUTHORITY: 5 USC 301, 10 USC 3013, PRINCIPAL PURPOSE: Identification of participants in the Army Family Action Plan Conference. ROUTINE USES: Used to record the names and addresses of attendees at the Army Family Action Plan Conference. Used to contact participants. DISCLOSURE: Disclosure is voluntary. If the requested information is not provided, registration for the conference may not be possible.

1. FIRST NAME: _____ LAST NAME: _____
 MAILING ADDRESS: _____
 or OFFICE SYMBOL: _____
 CITY _____ STATE: _____ ZIP: _____
 DAYTIME PHONE: _____ FAX: _____
 E-MAIL ADDRESS: _____
 Do you require Daycare: _____ If So, Ages of Children: _____

COMPLETE ALL THAT APPLY:

2. YOUR MILITARY AFFILIATION?
(If not applicable, go to item 3.)

- a. Are you a:
- Soldier or Retiree
 - Spouse of Soldier or Retiree
- b. Are you or is your sponsor:
- Active-duty
 - Reserve
 - National Guard
 - Retired

c. Rank: _____
 d. Job Title: _____

3. YOUR DA CIVILIAN AFFILIATION?
(If Active Duty Military go to item 4.)

- a. Are you a:
- DA Civilian Employee
 - Spouse of DA Civilian
- b. Are you or is your sponsor:
- APF (GS, WG)
 - NAF (NF)

c. Series/Grade: _____
 d. Job Title: _____

4. YOUR MARITAL STATUS?

- Single
- Married
- Widow/Widower

5. YOUR FAMILY TYPE?

- Dual-Military
- Sole-parent
- Traditional
- Other

6. YOUR CONFERENCE PARTICIPATION?

- Delegate
- Admin support
- Facilitator
- Issue Support
- Recorder

7. HAVE YOU EVER PARTICIPATED IN AN AFAP CONFERENCE? WHERE / WHEN?

- Installation level; what year(s)? _____
- MACOM level; what year(s)? _____
- DA Level; what year(s)? _____
- Never participated at any level

8. YOUR AREAS OF INTEREST (Indicate 1st, 2nd, and 3rd choice):

- ____ Medical/Dental
- ____ Consumer Services (Commissary/AAFES & Morale, Welfare and Recreation Activities)
- ____ Entitlements (traffic/transportation/personnel(civilian & military)/finance/housing)

Please return this form to your organization's AFAP point of contact or send to: Carie Green, IMSE-RED-MWA, Bldg 3338, Redeye Road, Redstone Arsenal, Alabama 35758-5000 or fax to 955-9171 or e-mail: carie.green1@conus.army.mil or visit www.redstonemwr.com to register and submit a Quality of Life Survey.