



Prevention and Early Intervention Advisory Community Empowerment
Ph: (671) 477-9079 thru 83, Fax: (671) 477-9076

Registration Form
2010 PEACE/Focus on Life Conference
"Strengthening and Sustaining Healthy Pacific Communities"
August 6 & 7, 2010 at the WESTIN RESORT GUAM

Participant Name: _____ Gender: M [] F []

Phone #: (____) _____ Fax #: (____) _____ Village: _____

Position/Job Title: _____

Organization/Business: _____

- Coalition:
- Community Services & Resources/Community Voices
 - Oasis Empowerment Center/Oasis Prevention Empowerment Network
 - Pacific Abundant Living Ministries/Magof Health

- Organization:
- Inafa' Maolek
 - Sanctuary Incorporated
 - Youth for Youth Live, Guam
 - SPF SIG Grantee (Not From Guam)

Community at Large: __Faith-Based __School-Based __Village Organization __Parent __Youth

Mailing Address: _____

E-mail: _____

Please select one (1) choice from the Ethnicity and Age bracket list that best describes you:

Ethnicity:

- Chamorro
- Chuukese
- Kosraean
- Native Hawaiian
- Pingelapese
- Samoan
- Chinese
- Indian (Asian)
- Korean
- Thai
- African-American
- Other Pacific Islander, specify: _____
- Other Asian, specify: _____
- Other, specify: _____

- Carolinian
- Fijian
- Marshallese
- Palauan
- Pohnpeian
- Yapese
- Filipino
- Japanese
- Taiwanese
- Vietnamese
- Caucasian

Age bracket:

- 5-11 years old
- 12-14 years old
- 15-17 years old
- 18-20 years old
- 21-24 years old
- 25-44 years old
- 45-64 years old
- 65 years old & over

Maximize Your Learning Experience – Attend Both Conference Days

I understand that pictures and/or videos may be taken at the conference and hereby agree and consent to the use of these pictures or videos by the Department of Mental Health and Substance Abuse, Prevention and Training Branch for promotional and/or other educational purposes. Parent/Guardian signature is required for participants under age 18.

(Print Participant's Name)

(Participant Signature)

(Parent/Guardian Signature)

Return by fax to 671-477-9076 or e-mail to deborah.aflague@mail.dmhsa.guam.gov