



## **MASCARA VI / Transgender Day of Remembrance**

**Nov. 20, 2014 9:00 AM – 4:00 PM**

### *Registration Form*

*(This event will take place at **Rutgers University/Newark**, in the Essex Room, Paul Robeson Student Center. Registration is **MANDATORY**, as seats are limited to 100 Participants. Since Security will be enforced, please be able to produce a photo ID in order to gain admittance.)*

**Please provide the following information.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone or Contact #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**(The following Demographics are for statistical purposes only.)**

**I am:** \_\_\_ African American \_\_\_ Latino/Hispanic \_\_\_ African National  
\_\_\_ Asian American \_\_\_ Native American \_\_\_ Other (please specify) \_\_\_\_\_

**Date of Birth (MM/YY):** \_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_

**I Self-Identify as:** \_\_\_ Gay \_\_\_ Lesbian \_\_\_ Bi-sexual \_\_\_ Heterosexual \_\_\_ Questioning

**My Gender-identity is:** \_\_\_ Female \_\_\_ Male \_\_\_ Transgender (MTF \_\_\_ or FTM \_\_\_)  
\_\_\_ Other \_\_\_\_\_

**How did you find out about this program?**

\_\_\_\_\_

**Where do you get most of your HIV information?**

\_\_\_\_\_

**What do you expect to get out of today's program?**

\_\_\_\_\_

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