

# Guest Biographical Questionnaire

\*Name: [Mr] [Mrs] [Ms] \_\_\_\_\_

\*Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_

\*Fax: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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

\_\_\_\_\_

\*E-mail address: \_\_\_\_\_

\*Organization/High School (include job title): \_\_\_\_\_

\_\_\_\_\_

Have you attended a previous workshop?    YES                  NO

Who initially contacted you about the program? \_\_\_\_\_

\*Military background or experience: \_\_\_\_\_

\_\_\_\_\_

\*Special Rooming Instructions: \_\_\_\_\_

\_\_\_\_\_

\*I would like to share a room with (all rooms will be double occupancy): \_\_\_\_\_

\_\_\_\_\_

\*I prefer to have a room that is: (Circle One)                  NON-SMOKING / SMOKING

\*Special Requests (Someone or something to see) \_\_\_\_\_

\_\_\_\_\_

Person to be notified in case of an emergency:

Name/Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: Home - \_\_\_\_\_ Work - \_\_\_\_\_

\*PRIVACY ACT STATEMENT (By authority of MCO P5720.60) : PRINCIPAL PURPOSE – To obtain information required to adequately manage the Marine Corps Educator Workshop Program. ROUTINE USE – To maintain a record of individuals participating in the Educator Workshop Program, to include emergency data on next of kin. DISCLOSURE IS VOLUNTARY – If information is not furnished, the individual will not be eligible to participate in the program.