

CERTIFIED INTERPRETIVE GUIDE COURSE REGISTRATION FORM

Return this form to: Your CIG Instructor

Identifying #: _____

PLEASE NOTE: Type or print CLEARLY. Your certificate will be printed to match your name as given here, and it will be mailed to the address that you indicate. We will also contact you by email to let you know if you passed, so please use a viable and valid email address.

Name _____

Job Title/Position _____

Employer _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Phone _____ Fax _____ E-mail _____

The information above is required. We would appreciate it if you answer the questions below to help us understand the audience for Certified Interpretive Guide training. **Thank you very much!**

Age: 16-19 20-29 30-39 40-49 50-59 60 plus

Gender: Male ___ Female ___

How many years of experience have you had interacting with the public in an interpretive role? _____ years

If you are a U.S. citizen, please answer 1) and 2); if not a U.S. citizen, skip to 3):

1) Ethnic Background:

Do you consider yourself to be Spanish, Hispanic or Latino? YES ___ NO ___

If you answered "YES", what SPECIFIC Spanish/Hispanic/Latino group do you belong to?:

2) Racial Background (please circle ALL that apply to you):

White Black/African-American American Indian/Alaska Native Asian Indian

Chinese Filipino Japanese Korean Vietnamese Native Hawaiian Samoan

Other Group or Tribe: _____

3) What is your country of origin?: _____

Educational Background - Please circle the highest level of schooling you completed:

1 2 3 4 5 6 7 8 9 10 11 12 Some College Associate Bachelor's Master's Ph.D.

Other _____

Again, thank you very much for sharing this information with us!!