



Place Based Training Attendance Form

Course Location: _____

Course Dates: _____

Course Name(s): _____

(Please print or type. Illegible or incomplete forms could delay or prevent course completion certificates processing.)

Preferred first name on your Badge _____

Mr. Ms. First Name _____ Last Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail address _____

Which of the following best describes your organization?

government agency community-based development organization financial institution tribal government or tribal nonprofit faith-based organization other _____

Which of the following best describes your position?

housing development staff nonprofit organization manager property manager economic development staff community reinvestment staff other _____

How long have you been in your current position?

Less than 1 year 1–2 years 3–4 years 5 or more years

Which of the following best describes your race? Please choose all that apply.

American Indian or Alaska Native Asian Black or African-American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Other