

# 2013 New York State - You're the Cure Lobby Day Registration Form

## Tuesday April 16, 2013

### Address Information

Home Address (REQUIRED to verify legislative district)

Title	<input type="text"/>
• First name	<input type="text"/>
• Last name	<input type="text"/>
• Address	<input type="text"/>
• City State and Zip+4	<input type="text"/>
To find the last 4 digits of your zip code, go to <a href="http://zip4.usps.com/zip4/welcome.jsp">http://zip4.usps.com/zip4/welcome.jsp</a>	<input type="text"/>
• Cell Phone	<input type="text"/>
• E-mail address	<input type="text"/>

### Registration Profile

• Former NYS Lobby Day Participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• How did you hear about Lobby Day?	<input type="text"/>	
• Do you know CPR?	<input type="text"/>	
• Are you heart disease/stroke survivor?	<input type="text"/>	
• History of heart disease/stroke in your family?	<input type="text"/>	

Do you know any elected official personally? If so what is your relationship with them?

Name of Elected:

Relationship/Length:

### Emergency Contact

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

Phone: \_\_\_\_\_

Will you be accompanied by anyone? \_\_\_\_\_

Do you have any special dietary needs? \_\_\_\_\_

NOTE: All participants must be enrolled as a member of *You're the Cure*, our grassroots advocacy network.

**PLEASE RETURN THE COMPLETED FORM BY MARCH 25<sup>th</sup> TO:  
JULIANNE HART at [julianne.hart@heart.org](mailto:julianne.hart@heart.org)**