

Georgia Breast Cancer Coalition Fund/Morehouse School of Medicine Advocacy Workshop Registration

Please indicate how you will participate in the workshop:

At Morehouse School of Medicine At Mt. Zion Baptist Church, Albany, GA Via Webcast

1. First Name: _____ **Last Name:** _____

2. Highest level of education you have completed

Some High School Bachelor's Degree High School Diploma
 Master's Degree Doctoral Degree Other (specify) _____

3. Do you represent an organization today? Yes No (if "No", please skip to Question 5)

4a. If you are representing an organization, please indicate the name below.

Name of Organization _____

4b. Type of Organization (check all that apply)

Academic Government Clinical Community-Based
 Public Health Faith-based Other (specify): _____

5. If you are not representing an organization today, which of the following best describes you?

Your Classification (check all that apply)

Academic faculty/researcher Government employee Clinical practitioner
 Community member Public health practitioner
 Student, Please Specify Type and Specialization: _____
 Other (specify): _____

6. How did you find about this webcast? (Check all that apply)

Word of mouth Email Website Flyer
 Organization (specify organization): _____
 Other (specify): _____

7. Would you like to sign up for the REACH/MSM PRC e-mail list to receive information about future training and technical, funding announcements, and newsletters? Yes No

8. Would you like to sign up for the Georgia Breast Cancer Coalitions legislative advocacy network to receive emails about important legislation relative to breast cancer and cervical cancer at the state and federal level? Yes No

9. Please include your e-mail address below.

Email 1: _____ **Email 2:** _____

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Thank you for participating in the SUCCEED Advocacy Workshop. Participants have the opportunity to contribute to the identification of the effectiveness of this webinar through completion of this pre-test survey, a post-test immediately following the webinar, as well as a three-month follow-up survey. If you would like to participate in this survey, please check (✓) the best way to reach you to follow up and include related information in the space provided.

The best way to reach me is

E-mail: _____

U.S. Postal Address: _____

Please create your survey code based on the example in the box below:

Example: John Doe with birth date January 10

First initial of your first name: J

First initial of your last name: D

Birth month: 01

Day of your birth: 10

ID CODE: JD0110

First initial of your first name _____

First initial of your last name _____

Birth month _____

Day of your birth: _____

Your Survey ID Code: _____

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Please answer the questions to the best of your ability. There are no right or wrong answers. No information used will be used to identify you or your answers.

The following activities and ratings assess your level of confidence related to advocacy processes that will be covered in this workshop. Skill refers to how comfortable you feel in performing a task and is illustrated by experience/training.

	None 1	A Little 2	Some 3	A lot 4	Extensive 5
a. Identifying a legislative issue important to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Taking action to advocate for an issue that is important to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Contacting a legislature's office by email to support an issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contacting a legislature's office by telephone to support an issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Contacting a legislature's office by in person to support an issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following statements and ratings assess your level of knowledge related to advocacy concepts that will be covered in this workshop. Knowledge refers to your level of understanding of concepts, processes or definitions.

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
a. I understand the purpose of advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I understand advocacy strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I understand the legislative process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I understand the role of the individual as an advocate in the legislative process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>