

Join us and begin

planning **AHEAD** for the end of this life

**Planning AHEAD for the end of this life**

**Thursdays, January 9 through February 20, 2025**

**12:30 pm**

**ADRC – DOOR COUNTY COMMUNITY CENTER, 916 N. 14<sup>th</sup> Place, Sturgeon Bay**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number** \_\_\_\_\_ / **Email** \_\_\_\_\_

**Demographics**

Understanding the demographics of our participants helps us improve Extension programs and services. Asking for the following information also helps us meet our institutional requirements for compliance with Federal non-discrimination policies. Providing us with this information is voluntary. You are not required to fill out this form to participate in Extension programs. If you have any questions about this form or why Extension collects this information, please contact: Kim Waldman, Compliance Coordinator & Equity Strategist, UW-Madison Division of Extension, (608) 263-2776, kim.waldman@wisc.edu.

**Age:**

- 18-24
- 25-44
- 45-59
- 60-64
- 65-74
- 75+
- I prefer not to respond

**Ethnicity: Check one that applies**

- I identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx
- I do not identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx
- I prefer not to respond

**Race: Select all that apply.**

- Alaska Native, American Indian, Indigenous, or Native American
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- One or more races that are not listed above
- I prefer not to respond

**Gender: Check one that applies**

- Female
- Male
- Non-Binary
- I prefer not to respond

**Video and Photo Consent for Use:**

I recognize and acknowledge that the University of Wisconsin may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University of Wisconsin to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name *(Please print legibly)*

**Return to: Door County Extension, 421 Nebraska Street, Sturgeon Bay, WI 54235**