# Registration Form

**Name:**_____

**Employer:** _____

**Title:**_____

**Address:**_____

**City:**_____**State:**_____**Zip:**_____

**Telephone Number (include area code):**_____

**E-mail:**_____

**Certifications (CBCP, CEM, etc.):** _____

**Does your organization have a COOP plan?** ___ **No** ___ **Yes** **Comments:** _____

_____

**If yes, has the COOP plan been implemented during an event?** ___ **No** ___ **Yes** **Comments:** _____

_____

**Describe your level of knowledge of COOP:** ___ **Minimal** ___ **Intermediate** ___ **Advanced**

***For Agencies with Active Continuity Programs:***

**Date Program Began:** _____

**Coordinating Agency/Unit (ex: the Office of Emergency Management):** _____

**Does the Chief Executive require continuity planning?** ___ **No** ___ **Yes**

**If yes, by which Executive Order:** _____

**Do you use a software package to standardize plans (ex. LDRPS, EM Plans, etc.):** _____

***For All Attendees:***

**Reason(s) for attending NYC OEM COOP Conference:** _____

_____

_____

Please e-mail registration forms to OEMCOOP@oem.nyc.gov or fax to (718) 422-8554.