REGISTRATION FORM FOR the 2024

NATIONAL FEDERATION OF THE BLIND OF IOWA CONVENTION

Complete this form and have it postmarked no later than September 30, 2024 with your check payable to the National Federation of the Blind of Iowa , to: NFBI, P.O. Box 93071, Des Moines, IA 50393.

 Please note that all on site registrations, and any completed after September 30, will incur an additional charge of $5 per item and you might not be able to purchase meals depending on availability.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_ STATE:) \_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: (Used for contact) (\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred agenda type \_\_\_\_\_Braille \_\_\_\_\_Large print\_\_\_\_\_ electronic

**Are you a current dues paying member of a Chapter/Division of the National Federation of the Blind of Iowa?** This means paying dues during the current calendar year for at least one of the NFBI chapters or divisions. This is not the same as being a member of our tall-corn mailing list. \_\_\_\_Yes \_\_\_\_\_\_no

**Are you blind/low vision?** \_\_\_\_Yes \_\_\_\_\_\_no

**Are you the parent of a blind/low vision child?** \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No

**Are you a blindness professional?** \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No

Would you like us to add your email to our tall-corn mailing list automatically? \_\_\_\_Yes \_\_\_\_\_\_no

Are you a student? \_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_ No

**Are you a blind parent?** \_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_ No

**Are you a guide dog user?** \_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_ No

What chapter do you belong to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check your age bracket \_\_\_\_\_Under 18 \_\_\_\_\_18-30 \_\_\_\_\_31-50

\_\_\_\_\_51-65 \_\_\_\_\_66+

**Breakout Sessions**

Saturday afternoon we will be holding two sets of breakout sessions, one from 2:00-3:15 and the second from 3:30-4:45. we want to plan the timing of which sessions we offer when so that as many people as possible can attend both their first and second choices. Please mark the top two sessions you would like to attend from the list on the next page.

|  |  |  |
| --- | --- | --- |
| Session Topic | FirstPreference | SecondPreference |
| Annual meeting of the At large chapter of the national Federation of the Blind of Iowa  |  |  |
| Informal meeting of blind parents to share parenting strategies and techniques |  |  |
| Informal meeting of blind students with discussion related to challenges faced by students, as well as strategies for advocating and making sure you get everything you need to be successful |  |  |
| National Federation of the Blind of Iowa fundraising strategy session |  |  |
| Iowa blindness history gathering session |  |  |
| Parents of blind children session to discuss resources and strategies |  |  |
| None of the above |  |  |

**Registration and Meals**

 The enclosed check for $\_\_\_.\_\_ covers my following costs:

|  |  |  |
| --- | --- | --- |
| Number of tickets | Item | Cost per person |
|  | Senior Seminar Registration Only | $20 |
|  | Convention Registration  | $25 |
|  | **Friday Evening Meal/welcome reception (Suggested Donation $20/ person)** | $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Saturday Plated Breakfast | $25 |
|  | Saturday Lunch | $30 |
|  | Saturday Banquet | $45 |
|  | Optional donation  | $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Total Cost | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

General Release of Liability and Hold Harmless Agreement:

\_\_\_I agree to assume all risks and to release, hold harmless, and covenant not to sue the National Federation of the Blind or any designated beneficiaries, sponsors, officers, officials, affiliates, chapters, communities, organizations, friends of the event, and all other government or public entities and all their respective directors, officers, agents, employees, and members for any claim, loss, or liability that I may have arising out of my participation in the event. I / My child will participate in the event facilitated by the National Federation of the Blind of Iowa. I / My child will adhere to any and all rules and policies of the Program. I agree / My child has permission to participate in all activities of the Program.

Media Release Form:

\_\_\_I hereby give permission to photograph me (and my child) and to use audio and/or video equipment to record my participation in the National Federation of the Blind of Iowa (NFBI) event. I grant permission to use said photos or recordings to promote the programs of the National Federation of the Blind (NFB) and the National Federation of the Blind of Iowa. I also understand that print and visual media may be used to distribute information regarding my and/or my child(ren)’s participation in the program. It is understood that this material will be used solely for educational purposes or to promote the programs of the NFB and NFBI.

Code of Conduct Agreement:

\_\_\_I acknowledge that I have read the [Code of Conduct of the National Federation of the Blind](https://nfb.org/code-conduct) and that I agree to follow its policies, standards, and principles during this National Federation of the Blind sponsored event. This policy will be enforced during the event.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_2024