PRE-REGISTRATION FORM FOR the 2019

NATIONAL FEDERATION OF THE BLIND OF IOWA CONVENTION

Complete this form and have it postmarked no later than October 15, 2019 with your check payable to the National Federation of the Blind of Iowa , to: NFBI, P.O. Box 93071, Des Moines, IA 50393.

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

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

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

PHONE #: (\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you a Parent of a blind child? \_\_\_\_\_\_ 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

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

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

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

Please inform us of any food allergies or dietary restrictions as soon as possible so that we can endeavor to meet these requests.

The enclosed check for $\_\_\_.\_\_ covers my following costs: (Check all costs that apply in Column 1 below.)

|  |  |  |
| --- | --- | --- |
| COST FOR | PAID before October 15, 2019 | PAID after October 15, 2019 |
| \_\_\_Convention Registration | $20 | $25 |
| \_\_\_ Meet and Greet reception Friday night | $25 | $30 |
| \_\_\_Saturday President’s Buffet breakfast | $25 | $30 |
| \_\_\_Saturday Luncheon | $25 | $30 |
| \_\_\_Convention Banquet | $40 | $45 |
| Maximum Total Cost | $135 | $160 |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_2019