REGISTRATION FORM FOR the 2020

NATIONAL FEDERATION OF THE BLIND OF IOWA CONVENTION

Complete this form and have it postmarked no later than October 16, 2020 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 #: (Used for contact and convention voting) (\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Are you a current dues paying member of a NFBI Chapter/Division?** This means paying dues during 2020 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+

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

|  |  |
| --- | --- |
| \_\_\_Convention Registration (Paid before October 16, 2020) | $15/ person |
| \_\_\_At Large Chapter Dues | $5/ person |
| \_\_\_Des Moines Chapter Dues | $5/ person |
| \_\_\_Iowa Association of Blind Students (IABS) Dues | $5/ person |
| \_\_\_Old Capitol Chapter Dues | $5/ person |
| \_\_\_Siouxland Chapter Dues | $5/ person |
| \_\_\_Southeast Iowa Chapter Dues | $5/ person |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_2020