

REGISTRATION FORM FOR the 2026 NATIONAL FEDERATION OF THE BLIND OF IOWA CONVENTION

Complete this form and have it physically received by us no later than Friday, September 18, 2026 with your check payable to the National Federation of the Blind of Iowa, P.O. Box 93071, Des Moines, IA 50393.

Please note that all on-site registrations, and any completed after September 18, will incur an additional charge of \$5 per item and meal purchases may no longer be available.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (used for contact) (____) ____ - _____

E-mail: _____

Preferred agenda type: ☐ Braille ☐ Large print ☐ Electronic

Are you a current dues paying member of a Chapter of the National Federation of the Blind of Iowa? ☐ Yes ☐ no

If yes, what chapter do you belong to? _____

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

Are you a student? ☐ Yes ☐ No

Are you a blind parent? ☐ Yes ☐ No

Are you a guide dog user? ☐ Yes ☐ No

Would you like us to add your email to our tall-corn mailing list? ☐ Yes ☐ No

Please check your age bracket: ☐ Under 18 ☐ 18-30 ☐ 31-50 ☐ 51-65 ☐ 66+

Do you need child care in order to be able to participate in the convention? ☐ Yes ☐ No ☐ It would be nice but is not essential

Do you have any medical or religious dietary needs for Convention meals? If you choose yes, someone will follow up with you for specifics: ☐ Yes ☐ No

Registration and Meals

The enclosed check for \$ _____ covers the following costs:

Number of Tickets	Item	Cost Per Person
	Convention Registration	\$20
	Complete Meal Package	\$100
	Friday Plated Dinner	\$25
	Saturday Plated Breakfast	\$15
	Saturday Plated Lunch	\$20
	Saturday Banquet	\$50
	Donation to assist with convention costs	\$ _____
	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/or my child(ren) 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 NFBI. 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](#) 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: _____