



Sample Participant Registration Form

INSERT MEETING TITLE
INSERT DATE
INSERT LOCATION

REGISTRATION DUE DATE: MONTH DAY(XX), YEAR(XXXX)

Please do your best to answer all questions as completely as possible to assist the Vera staff in the planning process.

We look forward to meeting with you in (INSERT MONTH)!!

CONTACT INFORMATION

1. Please fill in your contact information.

First Name _____

Last Name _____

Agency _____

Title _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

TTY _____

Fax _____

Email _____

2. Contact Information appears in our meeting materials, including the program. Can we share your contact information with other grant recipients/meeting attendees?

Yes _____

No _____

3. Emergency Contact Person and Information

4. Are you traveling with a Personal Care Attendant (PCA) or Personal Assistant (PA)? **if yes, please complete a separate registration form for him or her.**

Yes _____

No _____

MEETING ACCESSIBILITY INFORMATION

5. We value access and safety and strive to make our meetings accessible and welcoming to all participants. Using the principles of universal design, we plan all aspects of our meetings with the widest range of potential participants and circumstances in mind. For example, we have selected a hotel with a commitment to access; meeting rooms and areas are set to allow for maximum space and access; all presenters have been provided with guidance on making their presentations accessible; and all meeting materials are provided in 14 point font. We also provide accommodations to meet the individual needs of participants at our meetings. Please select any accessibility accommodation(s) you require for the meeting below. If your accommodation(s) is not listed, please request it by using the "other" category. Please be as specific as possible.

None required _____

ASL Interpreter _____

Electronic copies of meeting materials in advance _____

Electronic text file of meeting materials (to be available at the meeting) _____

Materials in Braille _____

Materials in font over 14pt _____

Wheelchair access _____

Other _____

ARRIVAL AND DEPARTURE INFORMATION

You are responsible for arranging your own airline and hotel reservations. However, as part of our internal planning process, we would greatly appreciate if you can let us know the below information (if known):

6. Please indicate your expected day and time of arrival and departure.

Arrival Date and Time _____

Departure Date and Time _____

7. Will you be requesting a(n):

No lodging required _____

ADA Room with Roll In Shower _____

ADA Room with Tub and Chair _____

Chemical Free Room _____

Room Accessible for Deaf/Hard-of-Hearing _____

None of the above _____

8. Continental breakfast will be provided on X day(s) of the meeting and lunch will be provided on X day(s). To ensure that meals meet your dietary needs, please mark your selection(s) below:

No dietary needs _____

Pre-Cut _____

Vegan _____

Vegetarian _____

Gluten-Free _____

Other, including allergies _____

OTHER

9. Please tell us of any additional needs you may have for this meeting. Please be as specific as possible. We may contact you for further information if necessary.

Every effort will be made to accommodate advance requests; on-site requests cannot be guaranteed. Reasonable accommodations will be provided during meeting sessions and meals (excluding meals on your own). Referrals for assistance outside of the meeting can be made available. Please contact Emily Dunn at edunn@vera.org with any questions.