



After completing the fields, click File > Save As and rename your form to ensure the text saves properly.

### REGISTRANT INFORMATION

PREFIX NAME  
 TITLE  
 WORK ADDRESS  
 CITY STATE ZIP  
 WORK PHONE EXT. MOBILE PHONE  
 ATTENDEE EMAIL  
 ADDITIONAL EMAIL FOR RECEIPT  
 WILL YOU BE CO-PRESENTING ANY SESSIONS AT CONFERENCE? YES NO

### TELL US ABOUT YOURSELF

IS THIS YOUR FIRST TIME ATTENDING AN NCFL CONFERENCE? YES NO  
 ARE YOU PART OF A STATEWIDE FAMILY ENGAGEMENT CENTER? YES NO  
 DO YOU REPRESENT A BUREAU OF INDIAN EDUCATION FACE PROGRAM? YES NO  
 HOW MANY YEARS OF EXPERIENCE DO YOU HAVE WORKING IN FAMILY ENGAGEMENT?  
 0 1-4 5-9 10-14 15-19 20+  
 WHAT IS YOUR AGE RANGE?  
 18-29 30-39 40-49 50-59 60-69 70+

CHOOSE THE CATEGORY BELOW THAT BEST DESCRIBES YOUR WORK (SELECT ONE):

- |                                       |                            |                                |
|---------------------------------------|----------------------------|--------------------------------|
| BUSINESS LEADER                       | CHILDCARE/DAYCARE PROVIDER | COMMUNITY-BASED ORG./NONPROFIT |
| EDUCATION ADMINISTRATOR               | EDUCATION-ADULT            | EDUCATION-EARLY CHILDHOOD      |
| EDUCATION-FAMILY LITERACY/LEARNING    | EDUCATION-K-12             | EDUCATION-POST SECONDARY       |
| GOVERNMENT/POLICYMAKER/POLICY ADVISOR | LIBRARY                    | LITERACY COALITION             |
| PARENT/FAMILY LEADER                  | PHILANTHROPY/FOUNDATION    | RESEARCH                       |
| SOCIAL SERVICES/SOCIAL WORK           | OTHER                      |                                |

INDICATE YOUR PRIMARY LANGUAGE:

### PAYMENT INFORMATION

PLEASE CHARGE MY: VISA MASTERCARD AMERICAN EXPRESS  
 PAYMENT AMOUNT: \$ EXP: CVV:  
 (MM/YY)  
 CREDIT CARD NUMBER:  
 BILLING ADDRESS:  
 CARDHOLDER NAME:  
 PO NUMBER: CHECK NUMBER:

### BADGE INFORMATION

FIRST NAME FOR BADGE  
 COMPANY

### WAYS TO REGISTER

ONLINE: [conference.familieslearning.org](https://conference.familieslearning.org)

#### MAIL:

National Center for Families Learning  
325 W. Main Street, Suite 300, Louisville, KY 40202

FAX: 502-212-4840

EMAIL: [conference@familieslearning.org](mailto:conference@familieslearning.org)

### TERMS & CONDITIONS

A full refund less a \$75 administration fee will be issued if NCFL receives cancellation from the registrant in writing by Monday, September 26, 2022. NCFL will not be held responsible for, nor issue refunds based on, illness, travel or weather-related interruptions, or other independent issues requiring cancellation after September 26, 2022. Registration substitutions are permitted.

NCFL is committed to serving all attendees who have disabilities and adheres to the guidelines set forth in the Americans with Disabilities Act. Attendees requiring special accommodations should contact us at [conference@familieslearning.org](mailto:conference@familieslearning.org) or call (502) 584-1133x206.

### REGIONAL MEETUP ATTENDEES ONLY

Only complete this section of questions if you are attending a Regional Meetup.

WILL YOU NEED HOTEL ACCOMMODATIONS? YES NO  
 WILL YOU ATTEND THE NETWORKING EVENT HELD THE EVENING BEFORE THE REGIONAL MEETUP? YES NO  
 PLEASE MARK ANY DIETARY RESTRICTIONS:  
 VEGAN VEGETARIAN GLUTEN-FREE

### REGISTRATION FEES

Each Regional Meetup will be limited to the first 150 registrants to sign up. A waitlist will be created for each Meetup as needed.

#### VIRTUAL CONFERENCE ONLY

- 2-DAY VIRTUAL CONFERENCE ON OCT. 25-26 \$395
- TUESDAY-ONLY VIRTUAL CONFERENCE ON OCT. 25 \$295
- WEDNESDAY-ONLY VIRTUAL CONFERENCE ON OCT. 26 \$295

#### VIRTUAL CONFERENCE AND REGIONAL MEETUP

- 2-DAY VIRTUAL CONFERENCE ON OCT. 25-26 \$395
- TUESDAY-ONLY VIRTUAL CONFERENCE ON OCT. 25 \$295
- WEDNESDAY-ONLY VIRTUAL CONFERENCE ON OCT. 26 \$295

- REGIONAL MEETUP, NASHVILLE ON NOV. 4 \$125
- REGIONAL MEETUP, PHOENIX ON DEC. 2 \$125

#### REGIONAL MEETUP ONLY

- REGIONAL MEETUP, NASHVILLE ON NOV. 4 \$250
- REGIONAL MEETUP, PHOENIX ON DEC. 2 \$250