








▲ = Move Field Up ▼ = Move Field Down ✎ = Edit Field Properties ✕ = Delete Field

Click on the form element to add new fields.

-  **TextBox**
-  **Address**
-  **Email**
-  **Text Area**
-  **Checkbox**
-  **Radio**
-  **DropDown**

<b>First Name*</b>	<input type="text"/>	▼ ✕ ✎
<b>Last Name*</b>	<input type="text"/>	▲ ✕ ✎
<b>Email Address*</b>	<input type="text"/>	▼ ✕ ✎
<b>Phone Number*</b>	<input type="text"/>	▲ ✕ ✎
<b>Fax Number</b>	<input type="text"/>	▼ ✕ ✎
<b>Badge Name</b>	<input type="text"/>	▲ ✕ ✎
<b>Affiliation*</b>	<input type="text"/>	▼ ✕ ✎
<b>Position Title</b>	<input type="text"/>	▲ ✕ ✎
<b>Company or Association</b>	<input type="text"/>	▼ ✕ ✎
<b>Street</b>	<input type="text"/>	▲ ✕ ✎
<b>Street2</b>	<input type="text"/>	▼ ✕ ✎
<b>City</b>	<input type="text"/>	▲ ✕ ✎
<b>State</b>	<input type="text" value=""/>	▼ ✕ ✎
<b>Zip Code</b>	<input type="text"/>	▲ ✕ ✎
<b>Special Accommodations</b>	<input type="checkbox"/> <b>Assistive Listening Device</b> <input type="checkbox"/> <b>Braille</b> <input type="checkbox"/> <b>Large Print</b> <input type="checkbox"/> <b>Compact Disc</b> <input type="checkbox"/> <b>Wheelchair Accessible Seating</b> <input type="checkbox"/> <b>One-on-one assistance required</b> <input type="checkbox"/> <b>I am interested in speaking at the event</b> <input type="checkbox"/> <b>I need a shuttle</b> <input type="checkbox"/> <b>I need accessible parking</b>	▲ ✕ ✎
<b>Dietary Restrictions</b>	<input type="text"/>	▼ ✕ ✎
<b>Other Needs</b>	<input type="text"/>	▲ ✕ ✎
<b>Other</b>	<input type="checkbox"/> <b>Contact me about future events and keep me informed about current events.</b> <input type="checkbox"/> <b>The attendees list will be available on request. Check here if you do not want your name shared.</b>	▼ ✕ ✎