



Stakeholder Registration Form

1. Organization/Company Name:
2. Executive Director/CEO Name: Email: Telephone:
3. Organization/Company Headquarters: City: State:
4. Organization/Company Overview:
 - Summarize your organization/company mission, purpose, target audience, and overarching contributions to the preparedness for, response to, and recovery from disasters and other emergencies (Determine word limit)
5. Organization/Company Capabilities:
 - List the key capabilities of your organization/company for the preparedness for, response to, and recovery from disasters and other emergencies

Capability 1: (Determine word limit)

Capability 2: (Determine word limit)

Capability 3: (Determine word limit)
6. Organization/Company Disaster Experience:
 - Describe any successes, challenges, and issues your organization/company experienced during the COVID-19 pandemic and/or previous disasters that you believe need to be addressed at the federal level for the future (Determine word limit)
7. Listening Session Preference:
 - Please choose your organization/company's preferred listening session
 - i. Public Health Sector
 - ii. Healthcare Sector
 - iii. Supply Chain Sector

8. Organization/Company Representatives:

- Participation in the Listening Session is limited to no more than 3 organization/business representatives.

Representative #1:

Name:

Email:

Telephone:

Representative #2:

Name:

Email:

Telephone:

Representative #3:

Name:

Email:

Telephone:

Other:

[Create a text box for additional comments/information]