

## Registration Form for Office of Regional Operations Benefits Cliff Convenings

**Please complete the form below:**

Name:

Title:

Organization:

State:

Email Address:

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:  
The purpose of this information collection is to convene a speed networking event. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0617 and the expiration date is 09/30/2026. If you have any comments on this collection of information, please contact Darlene Tart-Scott at [Region3ORO@acf.hhs.gov](mailto:Region3ORO@acf.hhs.gov).