

OCC Regional Meeting: Registration Questions

Meeting Registration

All fields followed by * are required.

Please select your role at this event. * (drop down list)

- Federal Employee
- State CCDF Administrator
- Territory CCDF Administrator
- State CCDF Staff Member
- Territory CCDF Staff Member
- OCC National Center TA Staff (drop down list)
 - o Child Care Automated Reporting System (CARS)
 - o Child Care Meeting Management Center (CMC)
 - o Child Care State Capacity Building Center (SCBC)
 - o Data and Information Systems Consultation Center (DISCC)
 - o National Center on Afterschool and Summer Enrichment (NCASE)
 - o National Center on Early Childhood Quality Assurance (NCECQA)
 - o National Center on Subsidy Innovation and Accountability (NCSIA)
 - o National Early Care and Education Workforce Center (ECE Workforce Center)
 - o National TA Center for Preschool Development Grants Birth through Five (PDG B-5 Center)
 - o Tribal Child Care Capacity Building Center (TCBC)
 - o Other
 - Please specify _____
- National Organization
- Invited Presenter or Guest
- Other
 - o Please specify _____

Contact Information

First Name *

Last Name *

Title/Position *

Division/Department *

Organization *

City *

State *

ZIP Code *

Phone Number *

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to collect registration information from potential participants in OCC's National Tribal Conference to allow organizers to compile proper resources and tools for participants. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. An 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 stacy.cassell@acf.hhs.gov.

Email *

Emergency Contact Name

Emergency Contact Phone Number

Emergency Contact Email

OCC Region * (drop down list)

- Region I (CT, MA, ME, NH, RI, VT)
- Region II (NJ, NY, PR, VI)
- Region III (DC, DE, MD, PA, VA, WV)
- Region IV (AL, FL, GA, KY, MS, NC, SC, TN)
- Region V (IL, IN, MI, MN, OH, WI)
- Region VI (AR, LA, OK, NM, TX)
- Region VII (IA, KS, MO, NE)
- Region VIII (CO, MT, ND, SD, UT, WY)
- Region IX (AS, AZ, CA, GU, HI, MP, NV)
- Region X (AK, ID, OR, WA)
- N/A

Do you require any special accommodations?

☐ Yes

Please Specify _____

☐ No

Will you be attending the session on the Disaster Recovery Grants that were awarded due to Hurricanes Fiona and Ian on Monday, June 3rd at 1:30 p.m. (applies only to Florida, North Carolina, Puerto Rico, and South Carolina)?

☐ Yes

☐ No

Will you be attending the session for territories on Thursday, June 6th, and Friday, June 7th (applies only to the five territories)?

☐ Yes

☐ No

REGISTER

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