

# Registration Form

## 2026 Native Communities Home Visiting Meeting

### Personal Information

Salutation:

First Name\*:

Last Name\*:

Suffix:

Badge Name (how you would like your name to appear on your badge)\*:

Tribal Affiliation (if applicable):

Tribe/Organization Representing at this Meeting\*:

Job Title\*:

State/Territory\*:

Cell Phone\*:

I **opt out** of receiving text messages from conference organizers with session reminders and other conference information.

Email\*:

Cc email: (for confirmation)

Are you directly associated with a home visiting program serving Native families\*?

- Yes
- No

Please select the role that most closely describes your work:

- Program Administrator/Director/Lead
- Home Visitor
- Data/evaluation staff
- Federal staff

- State administrator
- Funder
- Model developer
- National TA provider
- Program support staff
- Tribal Leader
- Other:

## Emergency Contact

Emergency Contact Name (of someone not traveling with you)\*:

Emergency Contact Phone Number\*:

## Special Requests

ADA Requests (select all that apply):

- Wheelchair accessibility
- Visual impairment
- Hearing impairment
- Accompanied service dog
- Other

## Session Registration

To help us prepare for the meeting, please indicate which sessions you are most interested in attending. Please select only one session per block. To review session details, please visit the [session gallery](#).

Breakout Session 1:

- Session name
- Session name
- Session name
- Session name
- Session name

- Session name
- Session name
- Session name
- Session name

Breakout Session 2:

- Session name
- Session name
- Session name
- Session name
- Session name
- Session name
- Session name
- Session name
- Session name
- Session name

Lightning Session 1:

- Session name
- Session name
- Session name
- Session name
- Session name
- Session name
- Session name
- Session name
- Session name
- Session name

Lightning Session 2:

- Session name
- Session name

- Session name
- Session name
- Session name
- Session name
- Session name
- Session name
- Session name

Three Hour Skill Building Workshops:

- Workshop name
- Workshop name
- Workshop name
- Workshop name
- Workshop name
- Workshop name
- Workshop name
- Workshop name
- Workshop name

## **Data Privacy Notice**

### ***Personal Information***

Personal information is being collected by James Bell Associates and OpenWater on behalf of the Tribal Home Visiting Resource Institute for Excellence (THRIVE). This information includes attendee name, organization name, address, cell phone number, email address. This data is required in order to provide and oversee registration services to you. Any additional information requested during the registration process is either required to fulfill the registration services or at the direction of THRIVE.

Email addresses will be used to email event-related information (e.g., Know Before You Go), session planning (as appropriate), provide customer service, and create name badges. Unless the attendee has opted out, cell phone numbers will be used to provide

session reminders and other important updates during the meeting. Attendee information will be stored indefinitely for the purposes of historical reporting only.

For more information on how your data is stored, to make modifications to your personal data, or to have your personal information deleted after the event, please contact the registration manager at [NHVM@jbassoc.com](mailto:NHVM@jbassoc.com).

**Please enter your initials below stating that you have read and understand the above data privacy policies as provided by James Bell Associates and its partners, as it pertains to the 2026 Native Communities Home Visiting Meeting.\***

### ***Sharing of Attendee Contact Information***

Unless otherwise noted below by selecting the opt out check box, your name, title, grant affiliation/organization, phone number, and email information will be included on the 2026 Native Communities Home Visiting Meeting attendee list. The list will be distributed to all meeting attendees and included in the meeting app.

I opt out of including my name and contact information on the 2026 Native Communities Home Visiting Meeting attendee list.

### ***Photography, Video, and Recording Policy***

Attendance at, or participation in, the 2026 Native Communities Home Visiting Meeting and its related events constitutes consent to the use and distribution by the Department of Health and Human Services of the attendee's image or voice for informational, publicity, promotional and/or reporting purposes in print or electronic communications media.

### ***Cancellations or Modifications***

Should you need to modify your information or cancel your registration, please email [NHVM@jbassoc.com](mailto:NHVM@jbassoc.com).

**\*required field**

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to register for a meeting. 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. 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 9/30/2026. If you have any comments on this collection of information, please contact Anne Bergan, at [anne.bergan@acf.hhs.gov](mailto:anne.bergan@acf.hhs.gov).