NH Children's Trust Annual Summit Individual/Group Registration Form

Use this form to gather information for individual or group registration. It can help you organize details for yourself and your team before completing registration through Zeffy. Feel free to make extra copies if registering more than two people.

Full Name

Email:

Please let us know if you have dietary needs:

In what role will you be attending the conference?
(Example: Family Support Professional, Early Care & Education Professional, Community Partner)

What MORNING session would you like to attend?
(Please check one box)

☐ Session 1A ☐ Session 1C

☐ Session 1B ☐ Session 1D

☐ Session 1E

What AFTERNOON session would you like to attend?
(Please check one box)

☐ Session 2A ☐ Session 2C

☐ Session 2B ☐ Session 2D

☐ Session 2E

☐ I give permission for NH Children's Trust to photograph me during the Summit for use in communications, publications, and promotional materials.

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 If you have any questions about your registration, please contact programs@nhchildrenstrust.org.