

# NHCT Annual Summit Individual/Group Registration Form



Please fill out the below form to gather information for individual and/or group registration. This information will assist you when registering yourself and other team members for the Summit. Feel free to make copies when registering more than two individuals.

First and Last Name:

Email Address:

Company/Organization:

Please let us know if you have dietary needs.

Please let us know of any accommodations that you may need to fully engage during this event.

What **MORNING** session would you like to attend?  
(Please check the corresponding box)

**Session 1A**       **Session 1C**

**Session 1B**       **Session 1D**

*\*If you select Session 1D- Building Trauma-Responsive Communities (Part 1 and Part 2), you will automatically be enrolled in Part 2 for the afternoon workshop*

What **AFTERNOON** session would you like to attend?  
(Please the corresponding box)

**Session 2A**

**Session 2B**

**Session 2C**

First and Last Name:

Email Address:

Company/Organization:

Please let us know if you have dietary needs.

Please let us know of any accommodations that you may need to fully engage during this event.

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**Session 2A**

**Session 2B**

**Session 2C**

