Attendee Registration Form

# Disability Resource Fair

**The Hopi Day School**
**November 20, 2026**
**9:00 a.m. to 3:00 p.m.**

Thank you for joining us! This Resource Fair connects individuals with disabilities, families, caregivers, and community members with organizations that provide helpful services and resources.

## Attendee Information

**Name:** _____ **Phone Number:** _____

**Email Address:** _____

**Community:** _____

### I am attending as:

| | |
|---|---|
| ☐ Individual with a disability | ☐ Family member |
| ☐ Caregiver | ☐ Parent/Guardian |
| ☐ Community member | ☐ Service provider/Professional |
| Other: | |

### What resources or information are you interested in?

| | | |
|---|---|---|
| ☐ Disability rights and advocacy | ☐ Vocational Rehabilitation/Employment | ☐ Education/Special Education |
| ☐ Independent Living | ☐ Housing | ☐ Transportation |
| ☐ Healthcare/Health Services | ☐ Benefits/Financial Assistance | ☐ Mental Health/Behavioral Health |
| ☐ Assistive Technology | ☐ Aging/Senior Services | ☐ Services for Children/Youth |
| ☐ Family/Caregiver Support | ☐ Abuse, Neglect, or Exploitation Prevention | ☐ Other: |

### Accessibility Needs

Do you need any accommodation to participate in the event?

☐ No
☐ Yes — Please describe: _____

**How did you hear about the Disability Resource Fair?**

| | | |
|---|---|---|
| ☐ Community | ☐ Family/Friend | ☐ Flyer |
| ☐ Social Media | ☐ Organization/Service Provider | ☐ Hopi Vocational Rehabilitation |
| ☐ Native American Disability Law Center | ☐ Other: | |

## Optional

**What would you like to learn or find at today's Resource Fair?**

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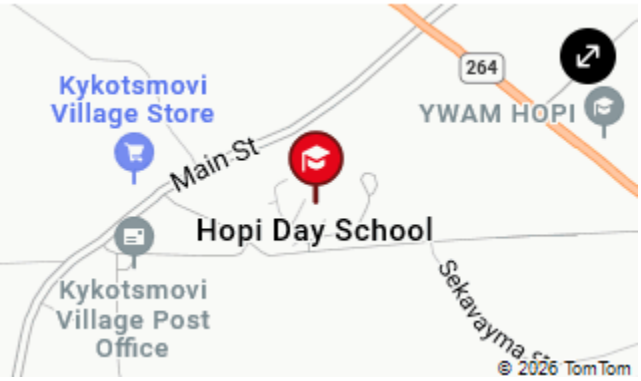
**Would you like information about Native American Disability Law Center (NADLC) services?**

☐ Yes
☐ No
☐ I would like someone to contact me

**Thank you for participating!**

Your information will be used to help us understand who we are reaching and what resources are needed in the community.




1/4 Mile E Main St, Kykotsmovi Village, AZ