

2026 Washington Seminar Application

Deadline

A completed application form in accessible electronic format (i.e. rtf, .doc, .docx, .txt), including electronic signature MUST be submitted to NFBI President at president@nfbofillinois.org no later than December 1, 2025. This form can be completed and submitted by typing your answers and your signature and attaching it to your email.

Who should apply:

This form applies to members of the National Federation of the Blind of Illinois who wish to represent the affiliate at Washington Seminar whether or not assistance is sought from NFBI. It must be returned to our affiliate president via e-mail on or before December 1. Our attendees must arrive by Sunday night and leave no earlier than 7:00pm on Wednesday evening. Mandatory training calls will occur before Washington Seminar and a mandatory wrap up conference call will occur after Washington Seminar. Failure to comply with any requirements of the program may lead to ineligibility in the future.

Duties of representatives:

All representatives must:

- Submit their specific confirmed itinerary for arrival and departure to the Washington Seminar coordinators no later than December 23.
- Reserve their room at the Holiday Inn Capitol Hill.
- Attend local teleconference training sessions which will occur in mid-January. These trainings will cover protocols such as the need for representatives to attend assigned appointments and fulfill specific roles as scheduled.
- Attend the afternoon training session in Washington on Monday unless assigned to another commitment at that time and attend the Great Gathering-In.
- All representatives must be available to attend appointments based upon their submitted, confirmed itinerary.
- Attend a mandatory wrap up conference call after Washington Seminar.

- Representatives are expected to contact at least one federal legislator following the Washington Seminar in order to follow-up on the discussions and garner or confirm support for our initiatives. Failure to comply with any requirements of the program, may lead to ineligibility in the future.

Selection Process and Criteria

All applications will be considered by the Chappell/Dennis Award Committee. The Committee will consult with Federal Legislative Committee Chairs. NFBI wishes to choose no more than 9 representatives to represent the affiliate at appointments during Washington Seminar.

The Committee shall attempt to approve:

- No more than 5 veteran representatives,
- At least 3 first-time representatives,
- Up to 3 students,
- Up to 3 parents,
- Up to 3 blind merchants

First, priority shall be granted to those from underrepresented geographic areas in the state. That is, the Committee shall attempt to ensure representation from as many different areas of the state as possible. Second, the committee shall consider year-round participation in state and federal legislative initiatives. Those who have actively contacted and/or visited their legislators shall be given priority over those who have not done so. The committee shall consider whether an applicant listed the correct congressman below in weighing the applicant's ability to follow up and participate in Washington Seminar activities and legislative initiatives. The same person may be counted in more than one category, e.g. a student may also be a new representative.

Application

Name:

Date:

Address:

City, State, and Zip:

Cell:

E-Mail:

(The cell phone above should be the one you will have during the week of Washington Seminar.)

My Congressional Representative is:

(Make every effort to correctly list your congressman. No listing, or an incorrect listing, may negatively influence your application.)

Please explain any relationships that you or members of your family have with other federal legislators, even though you do not live/vote in their districts:

Please check all of the following which apply:

- ☐ I am a student.
- ☐ I am a blind merchant.
- ☐ I am the parent of a blind child.
- ☐ I have attended Washington Seminar on _____ occasions.
- ☐ I have never attended Washington Seminar before.
- ☐ I have visited my federal and/or state legislators ____ time(s) during the past year.
- ☐ I have contacted my state and/or federal legislators during the past year approximately ____ times.

Indicate Federation activities in which you have been involved, including but not limited to conventions, seminars, fund raising, legislation (other than contacting your legislators), and chapter membership:

Indicate positions of leadership you have held:

Signature of applicant: (Electronic signatures are accepted.)

Date:

RELEASE FROM ALL LIABILITY AND CONSENT FORM

National Federation of the Blind of Illinois

If the applicant is under age 18 at the time of the event, a parent or guardian must sign a release. This ensures that all under aged applicants have parental permission to attend the event and submit this application.

By signing my name below, I agree to assume all risks and to release, hold harmless, and covenant not to sue the National Federation of the Blind or any designated beneficiaries, sponsors, officers, officials, affiliates, chapters, communities, organizations, friends of the event, and all other government or public entities and all their respective directors, officers, agents, employees, and members for any claim, loss, or liability that I may have arising out of my participation in the event.

I / My child will participate in the event facilitated by the National Federation of the Blind of Illinois. I / My child will adhere to any and all rules and policies of the Program. I agree / My child has permission to participate in all activities of the Program. I/my child will abide by the National Federation of the Blind code of conduct found at <https://nfb.org/code-conduct>.

Signature of Participant

Print Name of Participant

Print Name of Parent / Guardian (if participant is under 18 years of age)

Signature of Parent / Guardian (if participant is under 18 years old)