

2025 Lifesavers Conference Registration Questions

This is for reference ONLY and will not be accepted as a registration via email or mail.

Registrations are only accepted using the online portal at https://lifesaversconference.org/longbeach25/registration * Indicates a required question

Registrant Information

First Name*	
Last Name*	
First Name on Badge*	
Suffix	
Pronouns:	
Dropdown menu:	He/
	She

/him/his her/hers They/them/theirs Enter your own

Company* Job Title* Address* City* State* Zip Code* Country Phone * Cell Phone Email* CC Email **Emergency Contact Name* Emergency Contact Phone Number***

Attendee List

Dropdown menu:

Do you want to OPT OUT of having your contact information listed on the attendee list?* Dropdown menu: Yes/No

Additional Registrant Information

Is this your first time attending a Lifesavers Conference?* Dropdown menu: Yes/No

What workshop track are you most interested in attending?*

Child Passenger Safety Communications Criminal Justice/Law Enforcement **Distracted Driving** Driver Training, Licensing, & Assessment Impaired Driving **Occupant Protection** Pedestrian, Bicyclist, & Micro-mobilist Safety Safe System Vehicle Technologies/Automated Driving

Years in traffic safety*

Dropdown menu: 0-5 6-10 11-19 20+

Primary field in which you work:*

Dropdown menu:

Advocacy/Consumer Safety Automotive Manufacturing Child Passenger Safety Education Child Restraint Manufacturing Community Public Service (non-govt) Criminal Justice (Courts) **Driver Education and Training** Emergency Medical Service (Ambulance & Fire) Healthcare/Medicine Insurance Law Enforcement Media Public Service- Federal Agency/Govt Public Service- Local/Tribal Agency/Govt Public Service- State Agency/Govt Research (Academia & Consulting) Road Engineering/Urban Planning Student/Trainee Traffic Safety Tech/Device Mfg I am an Exhibitor

Are you certified in CPS?* Dropdown menu: Yes/No

If certified in CPS, please choose one*:

Dropdown menu: Technician (CPST) Instructor (CPSI) Instructor Candidate Previously Certified

Demographics

Age*

Dropdown menu: 18-24 25-34 35-49

50-64 65+ Prefer not to say

To which gender do you most identify?*

Dropdown menu:

Male Female Transgender Male Transgender Female Gender Variant/Non-conforming Non-Binary Not listed Prefer not to say

To which ethnicity do you most identify?*

Dropdown menu:

White, Non-Hispanic Black, Non-Hispanic Hispanic or Latino Asian or Pacific Islander Native American or Alaskan American International Other Prefer not to say

What is your household income?*

Dropdown menu: Under \$29,000 \$30,000- \$49,999 \$50,000- \$74,999 \$75,000- \$99,999 \$100,000- \$149,999 \$150,000- \$199,999 Over \$200,000 Prefer not to say

On site needs

Special Requests (ADA, dietary needs, other)* Dropdown menu: Yes/No If yes, please share your special request*

Internship Opportunities

Does your organization offer internships? Dropdown menu: Yes/No If yes, please enter a name and email address for the internship coordinator