



2026 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 [HERE](#)

* Indicates a required question

Registrant Information

First Name*

Last Name*

First Name on Badge*

Suffix

Company*

Job Title*

Address*

City*

State*

Zip Code*

Country

Phone *

Cell Phone

Email*

CC Email

Emergency Contact Name*

Emergency Contact Phone Number*

Booth Personnel

Will you be booth personnel for an exhibitor? Dropdown menu: Yes/No

Name of company you will be exhibiting with if not listed above Open text box

Attendee List

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?*

Dropdown menu:

- 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
- Other

Years in traffic safety*

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

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
Other

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
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