

REGISTRATION FORM

2012 CAEYC ANNUAL CONFERENCE & EXPO

March 15-17, 2012 • San Diego

REGISTER ONE OF THREE WAYS! Payment must be submitted with registration.



Complete the online registration at www.caeyc.org



Mail this form to
CAEYC, Attn: Event Registration
950 Glenn Drive, Suite 150
Folsom, CA 95630
(postmarked by February 18, 2011)



Fax this form to
(916) 486-7765



Early Bird registration rates: Form must be postmarked and payment received on or prior to January 20, 2012.

Advanced registration rates: Form must be postmarked and payment received between January 21, 2012 and February 17, 2012.

Questions? Contact CAEYC at (916) 486-7750 or info@caeyc.org.

REGISTRANT INFORMATION

Please print clearly or type form. Complete one form for each registrant. Copy this form if signing up multiple registrants. If you are sending your membership dues at this time, then please fill out the NAEYC Membership Application and attach with separate check made out to NAEYC or credit card authorization.

Name _____

Membership # (Check the label on Young Children/Teaching Young Children or call NAEYC at (800) 424-2460.) _____

Company Name _____ Title _____

Street Address Home Work (This is where your conference badge will be mailed.) _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Email (Required to receive your registration confirmation.) _____ I DO NOT want my email address shared with Conference Exhibitors.

SPECIAL NEEDS: Sign Language Interpreter* Wheelchair Access Vegetarian Gluten Free Other
*Sign Language Interpreter – request must be made at least three weeks prior to the Conference.

With which **group(s)** do you work?
(Select all that apply.)

- Infant/Toddler
- Middle/Secondary
- Preschool/Pre-K
- College Students
- Kindergarten
- Families
- Primary/School Age
- Adults

What is your **work position**?

- Teacher (infant/toddler–elementary)
- Family Child Care Provider
- Center Director/School Administrator
- College Educator/Trainer
- Parent of Child in Care
- Student
- Other

What is your **primary work location**?

- Home-based
- Center-based
- Other

REGISTRATION FEES

Please see the Rate Schedule for pricing. Please mark the items for which you are registering, add the rates, and enter the **TOTAL ENCLOSED**. **Conference fees are NON-REFUNDABLE after January 20, 2012.** President's Reception registration is online only.

- Discounted Registration Rate** (CAEYC Members)
- Discounted Student Registration Rate** (CAEYC Members)
- Regular Registration Rate**
- Regular Student Registration Rate**
- Full Conference** (Thursday, Friday and Saturday)..... \$ _____
- Two Days** (Friday and Saturday) \$ _____
- Leadership Day** (Thursday) \$ _____
- One Day:** Friday only Saturday only \$ _____
- Expo Hall Only** (Daily Fee: Member \$30; Regular \$40) \$ _____
 - Friday Expo
 - Saturday Expo

TOTAL ENCLOSED \$ _____

PAYMENT

Payment by credit card or purchase order may be faxed with this form to CAEYC at (916) 486-7765. Payment by check must be mailed with this form.

Check # (Payable to CAEYC) _____ Purchase Order # _____

Card # VISA MasterCard _____ Security Code* _____

Cardholder Name _____ Exp. Date _____

Card Billing Street Address _____

City _____ State _____ Zip _____

Authorized Signature _____ Date _____

*Security code is the last three digits on back of card, found on signature line.

Office Use Only 4210-100 Date _____
Check# _____ Amount _____