

Name _____ Phone _____ Email Address _____

Address _____ City, State & Zip _____

Program Name: _____ **If student,** College name and Student ID: _____

HOW TO REGISTER

- **Pre-registration** is strongly advised.
- **On-site registration** will be available and costs **an additional \$10.00 fee**.
- **Complete both pages of this Registration Form** for each person attending the conference.
- No registrations accepted after April 21st, except on-site Friday or Saturday.
- Conference fees are **non-refundable**, but they **are transferable** to another person.
- ALL REGISTRATIONS WILL BE PROCESSED BY OrAEYC. Choose an option below:
 - **MAIL** both pages of this registration form with payment or voucher to: COC-ORAEYC Conference, PO Box 60, Gladstone, OR 97027
 - **EMAIL** the form to **oaeyc@oregonaeyc.org** or FAX to **503-496-0520**
 - **For help, please call 503.496.3991. We can also take CC information over the phone if you do not want to write it on your form.**

REGISTRATION COSTS by April 21st. For onsite registration, please note there will be \$10 surcharge. PLEASE CIRCLE which applies.

| 2 Day Conference: Friday, April 27 th and Saturday, April 28 th , 2018 | | Friday Only, April 27 th , 2018 | | Saturday Only, April 28 th , 2018 | |
|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|
| \$85 | Student with current ID | \$35 | Student with current ID | \$60 | Student with current ID |
| \$100 | NAEYC Member Member Number: _____ | \$45 | NAEYC Member Member Number: _____ | \$70 | NAEYC Member Member Number: _____ |
| \$145 | Non-Member | \$75 | Non-Member | \$100 | Non-Member |

PAYMENT OPTIONS :

1. **Scholarship or group code:** _____ (OCCD scholarships only cover the member rate, please include the balance if applicable.)
2. **Mail a check or money order made payable to: OrAEYC** ☐ P.O. Box 60 ☐ Gladstone, OR 97027
3. **Purchase Order PO#:** _____ **Agency** _____
4. **Credit Card (VISA / MasterCard / Discover / AMEX) Number:** _____ - _____ - _____ - _____ **Exp.** _____
Card Holder's Name _____ **EMAIL for CC Receipt:** _____
Signature _____

Interested in College Credit? *College Credit is available for an additional fee through Central Oregon Community College and Southern Oregon University. Those wishing to receive college credit must sign up and pay for the credit during Friday's Registration and must attend the entire conference (both Friday and Saturday). Current COCC students may sign up for the ED 199: Early Learning Conference credit option prior to Friday through Bobcat or Admissions and Records. **Be sure***

to register for both days on your Conference Registration Form!

Name: _____

| | |
|--------------------------|---|
| <input type="checkbox"/> | I will attend ONLY Friday, April 27 th , 2018 |
| <input type="checkbox"/> | I will attend ONLY Saturday, April 28 th , 2018 |
| <input type="checkbox"/> | I will attend BOTH Friday, April 27 th , and Saturday, April 28 th , 2018 |

As you sign up for sessions, please note that BC sessions cover the same time as a B and C Session and EF sessions are the same time as E and F sessions. You can choose a different time for your second choice but only one first choice for any time-letter.

Friday Session Selections: Choose A and BC Sessions or, Choose A, B and C Sessions.

Write in the Letter-Number ONLY in the boxes below

| Session | Session A 12:00-1:30 | AND | Session BC 1:45-5:00 | OR | Session B 1:45-3:15 | AND | Session C 3:30-5:00 |
|------------------------|-------------------------|-----|-------------------------|----|------------------------|-----|------------------------|
| 1 st choice | | AND | | OR | | AND | |
| 2 nd choice | | AND | | OR | | AND | |

Saturday Session Selection: Please choose D and EF Sessions or D, E and F Sessions.

Write in the Letter-Number ONLY in the boxes below

| Session | Session D 8:00-11:00 | Keynot eSpeak er | Lunch Break | Session EF 1:30-4:45 | OR | Session E 1:30-3:00 | AND | Session F 3:15-4:45 |
|------------------------|-------------------------|------------------------|----------------|-------------------------|----|------------------------|-----|------------------------|
| 1 st choice | | 11:15-1 2:30 | 12:30-1:3 0 | | OR | | AND | |
| 2 nd choice | | | | | OR | | AND | |