2015 Annual Conference
On-Site Registration

PLEASE PRINT LEGIBLY

_____

Last Name First Name NYSAEYC Member #/Exp. Date

_____

Street Address City State Zip

_____

Organization Telephone Fax Email

Do you work in a NAEYC Accredited Center? Yes ___ No ___ Program Name: _____

Position _____

☐ New Member* ☐ Non Member ☐ Full-Time Student (show student ID)
*Enclose separate check payable to NAEYC

REGISTRATION FEES

	Member	Non-Members	Students
Conference Packages			
Conference Package 'B' (includes Fri & Sat workshops only)	☐ $175	☐ $225	☐ $105
Conference Package 'C' (**ONE DAY**: Fri. **OR** Sat. workshops)	☐ $115	☐ $140	☐ $85

Please indicate which day you are attending: Friday: _____ Saturday: _____

TOTAL ENCLOSED _____ _____ _____

You must wear your name badge at all times. This is your admittance into all workshops.

Payment Method:
Check your form of payment

☐ Cash ☐ Check payable to NYSAEYC ☐ Purchase Order ☐ EIP Award (attach original award)

☐ CREDIT CARD: CHECK ONE ☐ MasterCard ☐ VISA (complete information below)

Cardholder Number: _____ Expiration Date: _____

Printed Name of Cardholder: _____

Billing Address: _____
Street Address City State Zip

Signature of Cardholder: _____ Phone No.: _____

OFFICE ONLY

Date: ____/____/____ ..... Amount Received: $_____

Payment Type: ☐Cash ☐Credit Card ☐Check #_____..... Staff Initials _____