



**NYSAEYC CONFERENCE 2014
WALK IN REGISTRATION FORM
April 10-April 12, 2014**

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 <u>workshops only</u>)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$105
Conference Package 'C' (ONE DAY : Fri. OR Sat. <u>workshops</u>)	<input type="checkbox"/> \$115	<input type="checkbox"/> \$140	<input type="checkbox"/> \$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.: _____