2017 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)	☐ $185	☐ $235	☐ $105
Conference Package 'C' (**ONE DAY**: Fri. **OR** Sat. workshops)	☐ $120	☐ $160	☐ $90

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

Full Day Intensive ($25/Intensive): **Friday**: ☐ Observation and Assessment **Saturday:** ☐ CLASS ☐ STEAM

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 _____

OFFICE ONLY

Date: ____/____/____ Amount Received: $_____ Payment Type: ☐Cash ☐Credit Card ☐Check #_____ SI _____