



2016 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 _____				
<input type="checkbox"/> New Member* <input type="checkbox"/> Non Member <input type="checkbox"/> 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"/> \$180	<input type="checkbox"/> \$230	<input type="checkbox"/> \$105
Conference Package 'C' (ONE DAY: Fri. OR Sat. <u>workshops</u>)	<input type="checkbox"/> \$115	<input type="checkbox"/> \$155	<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 _____

OFFICE ONLY

Date: ___/___/___ Amount Received: \$ _____ Payment Type: Cash Credit Card Check # _____ SI _____



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