

TO REGISTER: SAVE TIME & REGISTER ONLINE

MAIL TO: NYSAEYC, 230 Washington Ave. Ext., Albany, NY 12203
FAX TO: 518-867-3520
EMAIL TO: contactus@nysaeyc.org

Individual registration form only, please print clearly. If you would like a group registration form please contact us.

NYSAEYC Membership # _____
Expiration Date: _____

Join Today ... and take advantage of the member rate plus
enjoy all the other benefits of NAEYC, NYSAEYC and your local AEYC!

Please be sure to fill out ALL information clearly to avoid delays in your registration!

Name _____		Email _____	
Organization/Program Name _____		Position _____	
Address (<input type="checkbox"/> Work / <input type="checkbox"/> Home) _____		City /State _____	Zip Code _____
NAEYC Accredited/Other: Yes / No _____	Years of Experience: _____	Daytime Phone: () _____	

CONFERENCE FEES

CONFERENCE PACKAGES	Member	Non-Member	Student*
Conference Pkg "A"	<input type="checkbox"/> \$265	<input type="checkbox"/> \$310	<input type="checkbox"/> \$185
Conference Pkg "B"	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230	<input type="checkbox"/> \$105
Conference Pkg "C"	<input type="checkbox"/> \$115	<input type="checkbox"/> \$155	<input type="checkbox"/> \$85
<input type="checkbox"/> Friday <input type="checkbox"/> Saturday			

*Student registrations must include copy of student ID

MEAL EVENTS - Available for a la carte purchase with Packages B or C.

	Member	Non-Member	Student*
Thursday Dinner	<input type="checkbox"/> \$65	<input type="checkbox"/> \$70	<input type="checkbox"/> \$65
Friday Dinner	<input type="checkbox"/> \$70	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70

PRE-CONFERENCE EVENT - Thursday, 9:30am - 4:30pm

Pyramid Preschool Module Training \$200 (if attending conference)
 \$250 (if not attending conference)

GRAND TOTAL OF REGISTRATION FEES: \$

SPECIAL NEEDS - Please call 518-867-3517 or email contactus@nysaeyc.org if you are in need of special services or meal accommodations.

NEW YORK STATE CREDENTIALS

(Please check all that you have received)

- Children's Program Administrator Credential (CPAC)
- Family Child Care Credential (FCCC)
- Infant Toddler Care and Education Credential (ITCEC)
- Level 1, 2 or 3 Early Learning Trainer Credential (NYSELTCC)

PAYMENT Information

*Hotel Registration is separate: <https://goo.gl/UaD70r>
(Direct link to NYSAEYC Room Block/Rate)

METHOD OF PAYMENT (ADVANCE PAYMENT REQUIRED)

- Check payable to NYSAEYC (must be enclosed)
Check # _____
- Purchase order (must be enclosed)
PO # _____
- EIP Award (must be enclosed)
Award # _____

CREDIT CARD PAYMENT: MasterCard Visa

Card Number: _____

Exp. Date: _____ CVV#: _____

Cardholder's Name (please print) _____

Authorized Signature _____

() _____

Cardholder's Telephone Number _____

Authorized Charge \$ _____ Billing Zip _____