

Please print clearly in black ink or type. Fill out one form per person. **Do not send hard copy if you fax this form. Visit www.ieccwa.org for easy online registration.**

Please print clearly.

First and Last Name (for name badge): _____

Employer or Affiliation (if applicable): _____

Mailing Address: _____ Home Work

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: Home Work(____) _____

Email: _____

Group Contact (if applicable): Name _____

Phone: (____) _____

County: _____

Special Requests

- Special Dietary Request - Due by March 31
- Clock Hours
- STARS Credit (must include STARS#) _____

Primary Role (please check one)

- Teacher/Para-educator
- Teachers-Educator in Higher Ed.
- Adult Educator
- Administrator
- Parent (Foster, Relative Care Giver)
- Home Visitor
- FRC
- PT
- OT
- SLP
- Nurse/Public Health Worker (Healthcare Staff)
- Student
- Other: _____

Special Accommodations or ADA requests explain here:

SPECIAL REGISTRATION CATEGORIES - check if applicable

- Family Scholarship Applicant:** Must complete online or email djackson@birthtothree.org
- Conference Planning Committee:** (Complimentary)
- Sponsor:** (Complimentary)

SESSION SELECTIONS PROCESS - Choose a first and second choice. Write the number of your selection for your choices.

SELECT THE APPROPRIATE FEES AND TOTAL	on/ before 3/31	after 3/31
Attend ANY one day	<input type="checkbox"/> \$175	<input type="checkbox"/> \$185
Group Discount	<input type="checkbox"/> \$165	<input type="checkbox"/> \$185
Attend ANY two days	<input type="checkbox"/> \$275	<input type="checkbox"/> \$285
Group Discount	<input type="checkbox"/> \$250	<input type="checkbox"/> \$285
Attend ANY Three Days	<input type="checkbox"/> \$325	<input type="checkbox"/> \$335
Group Discount	<input type="checkbox"/> \$300	<input type="checkbox"/> \$335
Attend Thursday Evening Only	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Materials Fees:		
Sessions: Pre08	<input type="checkbox"/> \$60 per session	
Session: Pre07	<input type="checkbox"/> \$30 per session	
Session: Pre09	<input type="checkbox"/> \$25 per session	
Session: B12, C08, D02, D07, D12, D13, E06, E10, TFD03	<input type="checkbox"/> \$10 per session	
Official Certificate of Participation	<input type="checkbox"/> \$13	
Would you like to make a donation to support scholarships for families?	<input type="checkbox"/> \$10 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other _____	
TOTAL ALL FEES (Conference fees are not a charitable donation)	\$ _____	

List a first and second choice	1st	2nd
Wednesday Preconference: Select one session		
<input type="checkbox"/> I will not be attending lunch Wednesday		
Thursday Conference		
Select an TFD session		
Select an A session		
Select a B session		
Select a C session		
Select an EV session		
Select a Thursday Lunch Session		
<input type="checkbox"/> I will not be attending lunch Thursday		
Friday Conference		
Select a D session		
Select an E session		
Select an F session		
<input type="checkbox"/> I will not be attending lunch Friday		
<input type="checkbox"/> I would like a Vegetarian lunch		
<input type="checkbox"/> I would like a Gluten Free lunch		
<input type="checkbox"/> I would like both Vegetarian and Gluten Free lunch		
<input type="checkbox"/> I have no dietary restrictions		

If you are a student and wish to receive a scholarship - you MUST register online. www.ieccwa.org

PAYMENT METHOD

- Check Number: _____
- Credit Card: Registrations with credit card payments accepted online only - ieccwa.org
- PO Number: _____ please attach PO - Note: PO's must be processed and paid by 6/15/17.

If you mail this form:

IECC Registration
1277 University of Oregon
Eugene, OR 97403-1277

Phone: 800-280-6218
Fax: 541-346-3545

Email: ieccreg@ce.uoregon.edu
ECDAW Federal ID 91-1136052

Checks payable to: Infant and Early Childhood Conference.