

# IECC 2018 REGISTRATION FORM

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](http://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: \_\_\_\_\_

### Continuing Education

- Clock Hours  
 STARS Credit (must include STARS#) \_\_\_\_\_

Special Accommodations or ADA requests explain here requests must be made and approved before 4/1:

\*For interpreter requests please email [amandacardwell@frontier.com](mailto:amandacardwell@frontier.com)

SELECT THE APPROPRIATE FEES AND TOTAL	on/ before 3/31	after 3/31
Attend ANY one day	<input type="checkbox"/> \$185	<input type="checkbox"/> \$195
Group Discount	<input type="checkbox"/> \$175	<input type="checkbox"/> \$195
Attend ANY two days	<input type="checkbox"/> \$285	<input type="checkbox"/> \$295
Group Discount	<input type="checkbox"/> \$260	<input type="checkbox"/> \$295
Attend ANY Three Days	<input type="checkbox"/> \$335	<input type="checkbox"/> \$345
Group Discount	<input type="checkbox"/> \$310	<input type="checkbox"/> \$345
Materials Fees:		
Session: A14, D07, F10, F11	□ \$25 per session	
Session: Pre10, A07, B05, D01, D06, E10,	□ \$10 per session	
Official Certificate of Participation	□ \$13	
Would you like to make a donation to support scholarships for families?	□ \$10 □ \$50 □ \$100 □ Other _____	
<b>TOTAL ALL FEES</b> (Conference fees are not a charitable donation)	\$ _____	

If you are a student and wish to receive a scholarship - you **MUST** register online. [www.ieccwa.org](http://www.ieccwa.org)

If you mail this form:  
 IECC Registration Phone: 800-280-6218  
 1277 University of Oregon Fax: 541-346-3545  
 Eugene, OR 97403-1277  
 Email: [ieccreg@ce.uoregon.edu](mailto:ieccreg@ce.uoregon.edu)  
 ECDAW Federal ID 91-1136052  
 Checks payable to: Infant and Early Childhood Conference.

### 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 REGISTRATION CATEGORIES - check if applicable

- Family Scholarship Applicant:** Must complete online or email [djackson@birthtothree.org](mailto: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.

List a first and second choice	1st	2nd
Wednesday Preconference: Select one session		
<input type="checkbox"/> I will not be attending lunch Wednesday		
<b>Thursday Conference</b>		
Select an TFD session		
Select an A session		
Select a B session		
Select a C session		
<input type="checkbox"/> I will not be attending lunch Thursday		
<b>Friday Conference</b>		
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		

Please note meals are served buffett style. The convention center can accommodate Vegetarian and Gluten Free diets.

### PAYMENT METHOD

- Check Number: \_\_\_\_\_  
 Credit Card: Registrations with credit card payments accepted online only - [ieccwa.org](http://ieccwa.org)  
 PO Number: \_\_\_\_\_ please attach PO - Note: PO's must be processed and paid by 6/15/18.