

IECC 2019 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 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

| 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: D05, D14 | <input type="checkbox"/> \$25 per session | |
| Session: Pre02, Pre09, Pre10, A11, D07, D11, E01, E13, E14, F05 | <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) | \$ _____ | |

If you are a student and wish to receive a scholarship - you **MUST** register online. 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@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
- 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 | | |
| Thursday Conference | | |
| Select an A session | | |
| Select a B session | | |
| Select a C 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 | | |

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
- PO Number: _____ please attach PO - Note: PO's must be processed and paid by 5/1/19.