Conference Registration Form

Please remember to enclose FULL PAYMENT or Purchase Order for your registration. All early registrations must be postmarked by March 15, 2016. After March 15, 2016, registration will only be accepted at the Civic Center and will be subject to on-site registration fees. Please return with payment to: WVECTCR, Attn: Celebrating Connections, 611 Seventh Avenue, Suite 322, Huntington, WV 25701. Please see the back of this page to make workshop selections and conference fees.

**Name badge will be mailed to address listed below**

Name:________________________________________________________________________________________________________

First________________________________________________________________________Middle Initial ____________________________________________________________________ Last ___________________________________________________________________

Name for Badge:________________________________________________________________________________________________

Position/Work Title:_____________________________________________________________________________________________

Name of Employer:______________________________________________________________________________________________

Work Street Address:____________________________________________________________________________________________

City, State, and Zip Code:________________________________________________________________________________________

Work Phone Number:________________________________________  Fax Number:_______________________________________

Email Address:_______________________________________________ County:___________________________________________

Do You Require Any Special Assistance?  □ Sign Language Interpreter
□ Physical Accessibility Assistance  □ Alternative Formats  (please specify)________________________________________

Will You Volunteer to Monitor Your Workshop(s)?  □ Yes  □ No

***The following information is optional. This information enables us to meet our reporting requirements and helps to provide appropriate services to families and children. (Check all that apply)

PROFESSION/DISCIPLINE:
□ Parent
□ Surrogate parent
□ Parent of a child in the Birth to Three System
□ Parent of a child with a developmental disability
□ Higher Education
□ Starting Points
□ Health Care
□ Physical Therapy
□ Occupational Therapy
□ Speech/Language
□ Right from the Start Provider
□ Foster Parent
□ Healthy Families America
□ Public School Preschool Educator
□ Special Education Educator
□ Kindergarten Teacher
□ Private Preschool Educator
□ Head Start Teacher
□ Head Start Assistant
□ Early Head Start
□ Classroom Aide
□ Child Care Center Teacher
□ Child Care Center Aide
□ CCR&R
□ Parents as Teachers
□ In Home Family Child Care Provider
□ Service Coordinator in the Birth to Three System
□ Service Practitioner in the Birth to Three System
□ Other Service Coordinator
□ Social Worker
□ Program Administrator
□ Advocate
□ Child Protective Services Personnel
□ Children’s Specialty Care Provider
□ Home Visitor
□ MIHOW
□ Other _______________

Ethnic Group:
□ African American
□ Hispanic
□ Native American
□ Caucasian
□ Asian
□ Other _______________
# Conference Registration Form

FEES: Please check which days attending

<table>
<thead>
<tr>
<th>Days</th>
<th>Early Bird Rate (Postmarked by 3/15/16)</th>
<th>On-Site Rate (After 3/15/16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Conference Seminars:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ CLASS</td>
<td>$100</td>
<td>Must be registered in advance</td>
</tr>
<tr>
<td>☐ Connecting Standards</td>
<td>$100</td>
<td>Must be registered in advance</td>
</tr>
<tr>
<td>☐ Leadership Boot Camp</td>
<td>$100</td>
<td>Must be registered in advance</td>
</tr>
<tr>
<td>☐ A Mission Not Impossible</td>
<td>$100</td>
<td>Must be registered in advance</td>
</tr>
<tr>
<td>☐ Reflective Supervision</td>
<td>$100</td>
<td>Must be registered in advance</td>
</tr>
<tr>
<td>☐ Research and the Test Drive</td>
<td>$100</td>
<td>Must be registered in advance</td>
</tr>
</tbody>
</table>

General Conference Institutes and Sessions:

<table>
<thead>
<tr>
<th>Days</th>
<th>Wednesday 9 am-4 pm (A1-A9)</th>
<th>Thursday 10:30 am-12 noon (B1-B14)</th>
<th>Thursday 1:30-4:30 pm (C1-C15)</th>
<th>Friday 10:30 am-12 noon (D1-D14)</th>
<th>Friday 1:30-3 pm (E1-E14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ All Three Days</td>
<td>$225</td>
<td>$275</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Any Two Days</td>
<td>$150</td>
<td>$200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Any One Day</td>
<td>$75</td>
<td>$125</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Workshop Selections: You MUST indicate 3 choices

<table>
<thead>
<tr>
<th>Choice: Please fill in the number next to the letter</th>
<th>Pre-Conference Seminars</th>
<th>Wednesday 9 am-4 pm (A1-A9)</th>
<th>Thursday 10:30 am-12 noon (B1-B14)</th>
<th>Thursday 1:30-4:30 pm (C1-C15)</th>
<th>Friday 10:30 am-12 noon (D1-D14)</th>
<th>Friday 1:30-3 pm (E1-E14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>SECOND</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>THIRD</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
</tbody>
</table>

Payment method

<table>
<thead>
<tr>
<th>My payment method is:</th>
<th>Personal Check</th>
<th>Agency Check</th>
<th>Purchase Order</th>
<th>Money Order</th>
<th>Credit Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please fill in check # or PO # in the appropriate space</td>
<td>Check #</td>
<td>Check #</td>
<td>PO#</td>
<td>Check#</td>
<td>Type (circle one) Visa MC Discover (see below)</td>
</tr>
</tbody>
</table>

Credit Card Information:

Name on Card: ___________________________ Card #: ___________________________
Billing Address and Zip: _______________________________________________________
Exp. Date: __________ Security Code: __________ Signature: ___________________________