



# Conference Registration Form

<b>Days</b>	<b>Early Bird Rate</b> (Postmarked by 3/15/18)	<b>On-Site Rate</b> (After 3/15/18) <small>Accepted at Civic Center Only</small>
<b>General Conference Institutes and Sessions:</b>		
<input type="checkbox"/> All Three Days	\$225	\$275
<input type="checkbox"/> Any Two Days	\$150	\$200
<input type="checkbox"/> Any One Day	\$75	\$125
<b>Wednesday All Day Institutes:</b>		
<input type="checkbox"/> A-1: <a href="#">Conversations that Count: Supporting New Families</a>		
<input type="checkbox"/> A-2: <a href="#">Using Reflection and Relationship to Build Cultural Competence</a>		
<input type="checkbox"/> A-3: <a href="#">Using Play-Based and Routines-Based Observation to Examine Executive Function in Young Children</a>		
<input type="checkbox"/> A-4: <a href="#">Create Your Own Calm in a Sometimes Crazy World</a>		
<input type="checkbox"/> A-5: <a href="#">The Impact of Trauma on the Developing Brain</a>		
<input type="checkbox"/> A-6: <a href="#">Reflective Supervision and Self-Care for the Home Visitor</a>		

**Workshop Selections: You MUST indicate 3 choices**

Choice: Please fill in the number next to the letter	Wednesday 9 am-12 pm (B1-B2)	Wednesday 1-4 pm (C1-C2)	Thursday 10:30 am- 12 noon (D1-D12)	Thursday 1:30-4:30 pm (E1-E11)	Friday 10:30 am- 12 noon (F1-F9)	Friday 1:30-3 pm (G1-G9)
FIRST	B	C	D	E	F	G
SECOND	B	C	D	E	F	G
THIRD	B	C	D	E	F	G

Payment method **\*\*Please make checks out to River Valley Child Development Services (RVCDS)\*\***

My payment method is:	Personal Check	Agency Check	Purchase Order	Money Order	Credit Card
Please fill in check # or PO # in the appropriate space	Check #	Check #	PO#	Check#	Type (circle one) Visa MC Discover (see below)

**Credit Card Information:**

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_  
 Billing Address and Zip: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_