

Conference Registration Form

Days	Early Bird Rate (Postmarked by 3/15/19)	On-Site Rate (After 3/15/19) <small>Accepted at Civic Center Only</small>
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General Conference Institutes and Sessions:		
<input type="checkbox"/> All Three Days	\$225	\$275
<input type="checkbox"/> Any Two Days	\$150	\$200
<input type="checkbox"/> Any One Day	\$75	\$125

Wednesday All Day Institutes:
<input type="checkbox"/> A-1: Using Play-Based and Routines-Based Observation to Examine Executive Function in Young Children
<input type="checkbox"/> A-2: Infant and Toddler Trauma: Caring for Yourself While Caring for Others
<input type="checkbox"/> A-3: Nurturing the Substance-Exposed Young Family: Hope in the Face of Adversity
<input type="checkbox"/> A-4: CAPS Poverty Simulation
<input type="checkbox"/> A-5: How to Incorporate Low Tech AAC Throughout Your Day
<input type="checkbox"/> A-6: Just Follow the Leader: Oh, I'm the Leader!

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-D13)	Thursday 1:30-4:30 pm (E1-E12)	Friday 10:30 am- 12 noon (F1-F13)	Friday 1:30-3 pm (G1-G13)
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) <small>*AMEX is NOT accepted</small>

Credit Card Information:

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