

REGISTRATION FORM

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Please print and fill in completely.

Participant's Name _____
(as you would like it to appear on your name badge)

Home Address _____

City _____ State _____ Zip _____

School/Center Name _____

Work Phone _____

Home/Cell Phone _____

E-mail _____

Special Needs/ Comments _____

The information requested below is voluntary and will be used for statistical purposes only.

Date of Birth _____

Gender _____

Race/Ethnicity _____

Are you enrolled in this program primarily for career purposes? Yes No

Occupation/Organization

Educational Services Other

Health Services

Public Administration (Government)

Social, Recreation & Religious Services

Please write in the workshop number for all of your choices for each session.

ALL-DAY FRIDAY WORKSHOPS	<input type="checkbox"/> Cheryl Hovey (see page 4)	<input type="checkbox"/> Barbara Kaiser (see page 4)
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FRIDAY SESSIONS					
CHOICES	SESSION 1 (8:30-10:30AM)	SESSION 2 (11:00AM-12:00PM)	SESSION 3 (1:00-3:00PM)	SESSION 4 (3:30-4:30PM)	EVENING SESSION (6:30-8:30PM)
1 st	1 _ _	2 _ _	3 _ _	4 _ _	Sandy Queen "If You Ask Me..." <input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd	1 _ _	2 _ _	3 _ _	4 _ _	
3 rd	1 _ _	2 _ _	3 _ _	4 _ _	

SÁBADO SESIONES EN ESPAÑOL				
OPCIONES	SESIÓN 1 / 2 (8:30-10:30AM)	SESIÓN 3 (11:00AM-12:00PM)	SESIÓN 4 / 5 (1:00-3:00PM)	SESIÓN 6 (3:30-4:30PM)
	1 _	3 _	4 _	6 _

SATURDAY SESSIONS						
CHOICES	SESSION 1 (8:30-9:30AM)	SESSION 2 (9:45-10:45AM)	SESSION 3 (11:00AM-12:00PM)	SESSION 4 (1:00-2:00PM)	SESSION 5 (2:15-3:15PM)	SESSION 6 (3:30-4:30PM)
1 st	10 _ _	20 _ _	30 _ _	40 _ _	50 _ _	60 _ _
2 nd	10 _ _	20 _ _	30 _ _	40 _ _	50 _ _	60 _ _
3 rd	10 _ _	20 _ _	30 _ _	40 _ _	50 _ _	60 _ _
	OR SESSION 1 / 2 (8:30-10:30AM)			OR SESSION 4 / 5 (1:00-3:00PM)		
1 st	12 _ _			45 _ _		
2 nd	12 _ _			45 _ _		
3 rd	12 _ _			45 _ _		

Complete registration form on back >>>

REGISTRATION FORM

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Registration information can be found on page 34.

Participant's Name _____

Items For Purchase

- \$15 Conference Tote Bag
Quantity _____ x \$15 = Total: _____
- \$10 ECC T-Shirts:
Quantity _____ x \$10 = Total: _____
 S x _____ M x _____ L x _____ XL x _____ XXL x _____
- \$20 Conference handouts on flash drive (handouts are also available free online)
Quantity _____ x \$20 = Total: _____
- \$30 DVDs (reduced price for registered conference attendees)
Quantity _____ x \$30 = Total: _____
 DVD 1 x _____ DVD 2 x _____ DVD 3 x _____ DVD 4 x _____
- \$60 DVDs (price for conference non-attendees)
Quantity _____ x \$60 = Total: _____
 DVD 1 x _____ DVD 2 x _____ DVD 3 x _____ DVD 4 x _____
- \$75 Set of DVDs from 2011 (4 DVDs, no Registry Labels.)
Quantity _____ x \$75 = Total: _____

Session and Meal Fees

Conference Sessions

- \$90 Friday Total: _____
- \$90 Saturday Total: _____
- \$165 Friday & Saturday Total: _____

Friday All-Day Sessions

- \$120 Barbara Kaiser (lunch included) Total: _____
- \$120 Cheryl Hovey (lunch included) Total: _____

Additional Learning Opportunities

- \$15 Critiquing & Evaluating Early Childhood Materials (see page 4) Total: _____
- \$20 Friday Evening Session with Sandy Queen (see page 4) Total: _____

Meals

- \$8 Friday Night Pizza Party Total: _____
- \$8 Saturday Boxed Lunch (see page 34) Total: _____
 - Chicken salad sandwich with pecans and cranberries
 - Vegetarian wrap with hummus

Items For Purchase Subtotal: _____
 Session and Meal Fees Subtotal: _____
 Total Amount Enclosed: _____

Payment Options

- Check # _____ or Purchase Order # _____ payable to UW-Whitewater.
 Cardholder's Name _____
 Phone _____ E-mail _____
 Credit Card: MasterCard VISA
 Card # _____ Exp. Date _____
 Name on Card _____

Online Registration:
<http://camps.uww.edu/ecc>



Check us out on facebook:
<http://www.facebook.com/pages/Whitewater-Early-Childhood-Conference/23894984283328>

Mail to:
 Early Childhood Conference
 UW-Whitewater
 Continuing Education Services
 Roseman Bldg. Rm. 2005
 800 West Main Street
 Whitewater, Wisconsin 53190

Fax:
 262-472-5241

Questions:
 cesevents@uww.edu or
 262-472-3165

For tickets to the Jim Gill or the Gemini Concert, register by **PHONE ONLY** (see page 4 for details). Call toll-free at (800) 622-0350 or 262-472-3165 Monday through Friday, 7:45 a.m.-4:15 p.m.