

HEAD TO TOE REGISTRATION FORM

Please complete a separate form for each registrant. Questions? Please call 312-427-5399

Are you a Member? Sign up today and get a 20% discount on conference registration!

Chicago Metro AEYC Membership

Comprehensive Membership (*receive selection of NAEYC books*) \$110 _____

Regular Membership \$70 _____

Student Membership College Name: _____ Student ID# _____ \$35 _____

Choose your NAEYC subscription: Teaching Young Children magazine Young Children magazine

Already a Member? Enter your Membership ID Number _____

Conference Registration for Members \$60 _____

Conference Registration for Non-Members \$75 _____

Please make checks payable to Chicago Metro AEYC. CPS vendor # is 47706.

TOTAL \$ _____

New This Year!

Participants now have a choice on how in depth they go into a topic or practice area of infant-toddler care and education. You can choose to focus on one area of concentration all day in the new **Academy of Professional Early Childhood Practice**, or choose from the 50 different workshops happening during the **Head to Toe Conference At-Large**.

I will attend the Head to Toe Conference At-Large and choose my own workshops to attend.

~~I will attend The Academy of Professional Early Childhood Practice for a day of targeted training on a specific topic area.~~

~~Space is limited only 20 participants per Academy. If you have questions, please call our office at 312-427-5399 or visit www.chicagometroaeyc.org/infant-toddler-conference09~~

~~If you choose to attend The Academy, please select which targeted day of training you will attend from the list below. There is no extra cost to attend the Academy.~~

Academy registration is closed!

~~You may only choose one~~

~~Orientation to Caring for Infants (Ages 0-1)~~

~~Working in a Mixed Age Program~~

~~Orientation to Caring for Toddlers (Ages 1-2)~~

~~El cuidar para los bebés y niños~~

~~Orientation to Caring for Twos (Ages 2-3)~~

~~Business Strategies for the Owner/Director~~

First Name _____ Last Name _____

Job Title _____ Organization Name _____

Mailing Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ E-Mail Address _____

Payment Method: Check/money order PO* Visa Amex Discover MasterCard

Card Number _____ Expiration Date _____

Printed Name of Cardholder _____ Signature _____

Printed Address of Cardholder (if different from above) _____

Please mail this form to 30 E. Adams Ste. 1000, Chicago, IL 60603 or fax to 312-427-5028. Questions? Call 312-427-5399.

Refund Policy ~ Refunds of registration fees will only be made for cancellations due to medical reasons with a doctor's statement. Refund requests must be in writing and postmarked or faxed no later than June 14, 2009.

* You must attach a copy of the PO and mail/fax it to us along with this registration form. Your registration will not be processed without the PO.