CONFERENCE REGISTRATION FORM

Workshops are limited due to space restrictions and are filled on a first-come, first-served basis. Registration must be received by Sept. 8, 2017. Complete and mail this form or register electronically at www.sazaeyc.org.

Use one form for each individual registering. Please copy this form for additional people; multiple people on one registration form will be denied. Please print your name and workshop choices clearly.

Please indicate your 1st and 2nd choices by writing the workshop number and title in the space provided for all time slots. Note that some workshops span 2 sessions, and list them in each time frame as matching 1st or 2nd choices. If you do not make a selection, you will only be able to attend workshops with available space.

First Name: _____ Last Name: _____

NAEYC (SAZAEYC) Membership Number (must be current to receive discount): _____

Please contact me with information on how to become a member. I hear there are some exciting changes happening with NAEYC in September. ☐ YES! _____

Workplace/Association: _____

Preferred Contact Phone Number: _____

Email Address *(Please be sure to include a LEGIBLE email address, as conference confirmation and important updates will be sent there):*

Are you a member of one of the communities of practice of Great Expectations? ☐ YES ☐ NO

LUNCH includes a sandwich or salad, fresh fruit, pasta salad, and a cookie. **SELECT ONE.**

☐ turkey and brie sandwich ☐ veggie sandwich ☐ vegan gluten free salad

SESSION SELECTION (must indicate 2 preferences; first four words of title are sufficient)

Morning Session (9:30 am – 11:00 am)

1st choice: # _____ Session Title: _____

2nd choice: # _____ Session Title: _____

Mid-Morning Session (11:15 am – 12:45 pm)

1st choice: # _____ Session Title: _____

2nd choice: # _____ Session Title: _____

Afternoon Session (2:00 pm – 3:30 pm)

1st choice: # _____ Session Title: _____

2nd choice: # _____ Session Title: _____

Conference Rates (8 hours of professional development, hot buffet breakfast, and boxed lunch included):

SAZAEYC Members:	$65	
Non-Members:	$95	
Student*:	$55	Student ID#: _____
On-Site Registration	Add $10 to listed amount	

TOTAL PAYMENT: $ _____

Completed registration form with full payment must be received by Friday September 8. Mail to the address below or email to sazzyconference@gmail.com.

SAZAEYC
ATTN: Conference Registration
PO Box 68475
Oro Valley, AZ 85737

**Student must provide current identification number. Undergraduate students must be enrolled in nine or more credit hours, graduate students in six or more credit hours, during the Fall 2017 semester to be eligible for the student rate.*

Agencies/school districts needing to submit a purchase order should contact Kelly Larkin in advance to make arrangements. Email sazzyconference@gmail.com or call (520) 777-0867.

FILL OUT FORM AND RETURN TO SAZAEYC