

# MAKING CONNECTIONS 2018 REGISTRATION FORM

NAME \_\_\_\_\_

PROGRAM NAME \_\_\_\_\_

PROGRAM ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

EMAIL (FOR REGISTRATION CONFIRMATION) \_\_\_\_\_

COUNCIL MEMBER: YES  NO  (JOIN TODAY TO SAVE INSTANTLY. SEE MEMBERSHIP DETAILS ON PAGE 5.)

CHECK ONE

- Child Care Center Director/Assistant
- Child Care Center Teacher/Assistant
- School-Age Director/Assistant
- School-Age Child Care Provider
- Family/Group Child Care Provider/Assistant
- Other \_\_\_\_\_

SESSION	FIRST CHOICE	SECOND CHOICE
All Day		
Morning		
Mid-Morning		
Afternoon		

## SAVE TIME BY REGISTERING ONLINE

REGISTRATION FEE

**REGISTER BY SEPTEMBER 30: \$110 (\$115 NON-MEMBERS)**  
**AFTER SEPTEMBER 30: \$120 (\$125 NON-MEMBERS)**

PAYMENT OPTIONS

Total enclosed: \$ \_\_\_\_\_

- Check, made payable to CDCCCC | CHECK MEMO: CONFERENCE 2018
- Money order, made payable to CDCCCC
- Educational Incentive Program (EIP) Scholarship, must be included with registration
- QUALITYstarsNY Quality Scholars, must be included with registration
- CSEA
- Credit card (please visit cdcccc.org to pay by credit card)



**CONTACT US WITH QUESTIONS AT  
426.7181**

**PLEASE SEND PAYMENT AND FORM TO:  
CHILD CARE COUNCIL, 91 BROADWAY,  
MENANDS, NY 12204**

FOR OFFICE USE ONLY	
Date:	Amount:
Method:	Ch #: