



Oregon Association for the Education of Young Children

ORAEYC Fall Conference In Partnership with Multnomah County CCR&R

October 12 & 13, 2018
Mt. Hood Community College

Photo release: Attendance at ORAEYC activities constitutes an agreement by attendee to ORAEYC’s use and distribution (both now and in the future) of the attendee’s image, likeness, and appearance in photographs of such events and activities.

Postmark by: September 28, 2018 for the early bird rate

Mail to: ORAEYC Conference, PO Box 60, Gladstone OR 97027

—OR— **Fax:** 503-496-0520 —OR— **Email:** oaeyc@oregonaeyc.org

Questions? Call 503-496-3991 or email sara@oregonaeyc.org

Conference Fees:

You may join or renew now to receive member rates for this conference. Go to www.NAEYC.org to join online or choose the option for membership + conference below. If you are not currently an ORAEYC/NAEYC member, the membership + registration combo is the best price. **Scholarships are available**, visit www.ORAEYC.org/fall-conf for more information. Includes a light breakfast and lunch for each day registered.

	Early Bird (Ends Sep 28)	Regular (After Sep 28 or onsite)
NAEYC/ ORAEYC Member: 1 day	<input type="checkbox"/> \$100	<input type="checkbox"/> \$130
NAEYC/ ORAEYC Member: 2 day	<input type="checkbox"/> \$180	<input type="checkbox"/> \$210
Nonmember: 1 day	<input type="checkbox"/> \$160	<input type="checkbox"/> \$190
Nonmember: 2 day	<input type="checkbox"/> \$300	<input type="checkbox"/> \$330
Conference + Standard Membership: 1 day (For Premium Membership, add \$81)	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200
Conference + Standard Membership: 2 Day (For Premium Membership, add \$81)	<input type="checkbox"/> \$250	<input type="checkbox"/> \$280

2018 ORAEYC Fall Conference Registration Form

NAEYC Mem # _____

Full Name: _____ **Program:** _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Lunch [choose one per day of attendance, mark F for Friday and S for Saturday]:

- Turkey sandwich Tuscan vegetable sandwich Curry chicken sandwich Chicken Caesar wrap
 Roast beef wrap Garden salad Add chicken Spinach salad Add chicken

Friday Selection—please mark 1st and 2nd choices (find session descriptions at www.oraeyc.org/fall-conf)		
	1st Choice	2nd Choice
Morning (Session A)		
Afternoon (Session B)		
—OR—		
All Day (Session AB)		

Saturday Selection—please mark 1st and 2nd choices (find session descriptions at www.oraeyc.org/fall-conf)		
	Keynote or C25 (Select one)	5 Hour Session
1 hr am + 5 hr Session (Session DEF)		
—OR— Keynote + 2 hour AM & 3 hour PM		
	1st Choice	2nd Choice
Morning (Session D)		
Afternoon (Session EF)		
—OR— 3 hour AM & 2 hour PM + 1 hour PM		
Morning (Session CD)		
Afternoon (Session E)		
Afternoon (Session F)		

Payment:

- Check #** _____ **Purchase order** _____ **Organization:** _____
 Scholarship: Oregon Family Child Care (OCCD) Betty Gray (OCCD) ORAEYC **Amount:** \$ _____
 Be sure to follow scholarship instructions and send documentation and your portion due with this form.
 Credit card # _____ - _____ - _____ - _____ Exp _____
 Name on card if different from registration: _____

- Please include a receipt with my name tag. Receipts are only available for payments received. Fees are non-refundable but are transferrable. Cancellations prior to October 6th will incur a \$30 processing fee. Purchase orders and CC are subject to same policy.

Total enclosed \$ _____