

Group Registration Form - Fall Institute 2016

(please complete this form if you are registering more than one person
from the same organization with one payment.)

Organization Name _____

Contact person for the group _____ Contact's position with the group _____

(Note: If you are the contact person for the group and also registering for the Institute, please enter yourself as attendee #1 below)

Email address _____ Phone number with area code _____

Address _____

City _____ State _____ Zip _____ County _____

Method of payment Check _____ Purchase Order _____ PayPal _____

REGISTRATION FEES - for informational purposes only. Fees will be totaled at the end.

Thursday, September 29 *(Check the one pre-institute session you plan to attend. Space is limited for all pre-institute events. There is a \$10 late fee for registrations received after 9/15.)*

Child Care Grant and Proposal Writing	_____	\$40
Prevent-Teach-Reinforce for Young Children (PTR-YC)	_____	\$40
The Great Iowa Outdoor Road Trip: Considering Safety and Quality Outdoor Environments	_____	\$40
Teaching Intentionally in the Interest Areas (Creative Curriculum)	_____	\$40
Enhancing Leadership Skills and Directing with Vision and Clarity	_____	\$40

Friday and Saturday,
September 30 and
October 1

Registered on or before September 15

Registered after September 15

	1 DAY-FRIDAY	1 DAY-SATURDAY	BOTH DAYS	1 DAY-FRIDAY	1 DAY-SATURDAY	BOTH DAYS
Current Member	_____ \$70	_____ \$40	_____ \$100	_____ \$110	_____ \$90	_____ \$145
Combined Rate <i>(includes new or extended (one year) regular Iowa AEYC membership)</i>	_____ \$100	_____ \$70	_____ \$130	_____ \$140	_____ \$120	_____ \$175
Non-Member	_____ \$115	_____ \$95	_____ \$150	_____ \$150	_____ \$130	_____ \$195
Student	_____ \$55	_____ \$45	_____ \$80	_____ \$75	_____ \$65	_____ \$100

LIST OF ATTENDEES - please complete the following information for all attendees including the contact person, if attending.

Attendee #1 Information

Name _____ Email Address _____

Job Position _____

Day(s) attending (check all that apply) _____ Thursday _____ Friday _____ Saturday

If attending Thursday, which event? (check only one)

_____ Grant Writing _____ PTR-YC _____ Great Iowa Road Trip _____ Teaching Intentionally _____ Enhancing Leadership Skills

Special dietary needs (check all that apply) _____ gluten free _____ dairy free _____ vegetarian

Other (please specify) _____

I plan to attend the Iowa Head Start Association Annual Breakfast on Friday (no charge) _____ yes _____ no

If you are a member or employee of any of the following co-sponsoring organizations, you are eligible for the member rate
(circle all that apply) Iowa AEYC IHSA DEC DE DHS CCR&R ISU Extension IFCCA UW After School Alliance

ECI - Directors only Community College Alliance CACFP Sponsors' Association Infant/EC Mental Health

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LIST OF ATTENDEES - continued

Additional Attendee Information

Name _____ Email Address _____

Job Position _____

Day(s) attending (check all that apply) _____ Thursday _____ Friday _____ Saturday

If attending Thursday, which event? (check **only** one)

____ Grant Writing ____ PTR-YC ____ Great Iowa Road Trip ____ Teaching Intentionally ____ Enhancing Leadership Skills

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TOTAL YOUR FEES FOR THE GROUP - refer to page 1 for fee information

_____ Total amount owed

Make checks and purchase orders payable to Iowa AEYC. Mail payment and registration form to: Iowa AEYC, 5525 Meredith Drive, Suite F, Des Moines, IA 50310

If submitting fees by PayPal, you will receive a link to pay in a few days at the primary contact's email address.

Questions? Email karen@iowaaeyc.org or call 515-331-8000, ext 112.

If there are additional attendees, please copy page 2 of this form and complete for the others.