

WORKSHOP REGISTRATION FORM: Please complete one Workshop Registration Form PER CLASS.

SUBMIT ONE REGISTRATION FORM PER CLASS. PAYMENT OR EIP AWARD CERTIFICATE MUST BE INCLUDED. PLEASE COPY REGISTRATION FORM AS NEEDED		
Please Print Clearly		<u>Please Complete this Form in its Entirety!</u>
Title of Workshop: _____	Date of Workshop: _____	Workshop Code: _____
Program Name: _____	Director: _____	Program Address: _____
Program Phone: _____	Program E-Mail: _____	Do you receive our e-mails? <input type="checkbox"/> Y <input type="checkbox"/> N Would you like to? <input type="checkbox"/> Y <input type="checkbox"/> N
# of persons attending: _____ @ \$30 member or _____ @ \$40 non-member OR Day long seminar: _____ @ \$45 member or _____ @ \$60 non-member CPR/AED or First Aid: _____ @ \$47 member or _____ @ \$52 non-member OTHER (Prices noted with workshops): \$ _____		
Attendees:		
Name: _____	Home/Cell Phone* _____	
Name: _____	Home/Cell Phone* _____	
Name: _____	Home/Cell Phone* _____	
*Home/Cell # is needed in case of workshop cancellation.		
Check One: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Business Check <input type="checkbox"/> EIP Voucher (Please Note: If EIP funds are no longer available, you will be responsible for the payment.)		
Make checks payable to: Child Care Council of Westchester , 313 Central Park Avenue, Scarsdale, NY 10583		
Name as it appears on credit card: _____	Credit Card #: _____	Expiration date: _____
Billing Address: _____	City _____ Zip _____	Signature: _____
You may fax a completed registration form with Credit Card information directly to the finance department (914) 885-1110.		

MINI-CONFERENCE REGISTRATION FORM: Please complete one Mini-Conference Registration Form PER ATTENDEE.

SUBMIT ONE REGISTRATION FORM PER ATTENDEE. PAYMENT OR EIP AWARD CERTIFICATE MUST BE INCLUDED. PLEASE COPY REGISTRATION FORM AS NEEDED		
Please Print Clearly		<u>Please Complete this Form in its Entirety!</u>
Title of Mini-Conference: _____	Date of Mini-Conference: _____	
Program Name: _____	Director: _____	Program Address: _____
Program Phone: _____	Program E-Mail: _____	Do you receive our e-mails? <input type="checkbox"/> Y <input type="checkbox"/> N Would you like to? <input type="checkbox"/> Y <input type="checkbox"/> N
Attendee Name: _____ Home/Cell Phone* _____		
*Home/Cell # is needed in case of workshop cancellation.		
Please indicate the workshops you would like to attend. PLEASE NOTE: HALF-DAY MINI-CONFERENCES ONLY HAVE 2 ROUNDS		
Round 1 Workshop Code: _____	Title of Workshop: _____	Full-Day Mini-Conference: <input type="checkbox"/> \$50 member
Round 2 Workshop Code: _____	Title of Workshop: _____	<input type="checkbox"/> \$60 non-member
Round 3 Workshop Code: _____	Title of Workshop: _____	Half-Day Mini-Conference: <input type="checkbox"/> \$40 member
<input type="checkbox"/> \$50 non-member		
Check One: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Business Check <input type="checkbox"/> EIP Voucher (Please Note: If EIP funds are no longer available, you will be responsible for the payment.)		
Make checks payable to: Child Care Council of Westchester , 313 Central Park Avenue, Scarsdale, NY 10583		
Name as it appears on credit card: _____	Credit Card #: _____	Expiration date: _____
Billing Address: _____	City _____ Zip _____	Signature: _____
You may fax a completed registration form with Credit Card information directly to the finance department (914) 885-1110.		

FORMA DE INSCRIPCION PARA LAS CLASES: Por favor utilice **una** forma por clase.

ENVIE UNA FORMA POR CADA CLASE. EL PAGO O LA CARTA DE ACEPTACION DE "EIP" DEBE SER INCLUIDA. Por favor saque todas las fotocopias que sean necesarias.

Por favor escriba en forma clara!

Título de la Clase: _____ Fecha de la Clase: _____ Código de la Clase: _____

Nombre del Programa: _____ Dirección del Programa: _____ Teléfono del Programa #: _____

"E-Mail" del Programa: _____

Ha recibido nuestro correo electronico? Y N Le gustaria recibir correo electronico de nuestra Oficina? Y

N

de personas que atenderán a la **CLASE**: _____ @ \$30 Miembros _____ o @ \$40 No-Miembros: _____ OTRO: \$ _____

Personas que atenderán:

Nombre: _____ Teléfono (casa/celular)* _____

Nombre: _____ Teléfono (casa/celular)* _____

Nombre: _____ Teléfono (casa/celular)* _____

***El número de su teléfono celular es necesario para avisarle en caso de cancelación de clases.**

Seleccione su forma de pago: Visa Master Card Cheque Personal Money Order Cheque de Negocio "EIP" (carta de aceptación) **NOTA:** Usted seria responsable por el pago en el caso de que "EIP" no tuviera mas fondos financieros.

Haga el cheque a nombre de: **Child Care Council of Westchester**, 313 Central Park Avenue, Scarsdale, NY 10583

Nombre de la persona que hace el pago (como aparece en la tarjeta de crédito): _____ Tarjeta de Crédito #: _____

Fecha de expiración: _____

Dirección de la persona que hace el pago: _____ Ciudad _____ Código Postal _____

Firma: _____ Usted podría enviar por FAX su inscripción con la información de su tarjeta de crédito al: (914) 885-1110.