

DAWN & Fort Wayne Chapters of Indiana AEYC
2017 Annual Conference: Connecting the Mind, Body & Heart
 Saturday October 7, 2017

GROUP COORDINATOR CONTACT INFORMATION

Last Name: _____ First Name: _____
 Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Day Phone: _____ Fax: _____
 Email Address: _____

SUMMARY OF REGISTRATIONS & FEES

_____ # of Students @ \$30/attendee
 _____ # of Indiana AEYC Members of NAEYC @ \$30/attendee
 _____ # of Non Members @ \$35/attendee
 \$ _____ Total Amount Due

PAYMENT: Only **one** form of payment will be accepted for group registration

Check or Money Order (Please make checks payable to Indiana AEYC)

Purchase Order P.O.# _____

Issuing Organization: _____

Contact Person: _____ Contact Phone: _____

Credit Card: VISA / Mastercard / American Express

CC#: _____ Expiration Date: _____ CVV Code: _____

Name on Card: _____ Signature of Cardholder: _____

Billing Address(include City, State, Zip): _____

Register online or complete this form and mail or fax to:

Online: www.iaeyc.org/dawn
 or www.iaeyc.org/fortwayne

Fax: 317-259-9489

Mail: Indiana AEYC
 Attn: Registration
 4755 Kingsway Dr. Suite 107
 Indianapolis IN 46205

Note: Registrations are transferable but not refundable.

DEMOGRAPHIC INFORMATION

(please use the information below to assist you in filling out attendee information on the next page)

Age Group	Position
A. Infant/Toddler	A. Teacher
B. Preschool/Pre-K	B. Family Child Care Provider
C. Kindergarten	C. Program Dir./School Admin.
D. Primary/School Age	D. Education Coord./Trainer
E. Middle/Secondary	E. Student
F. College Students	F. Govt. Admin./Regulator
G. Families	G. Resource & Referral Spec.
H. Other Adults	H. Early Interventionist
I. Other	I. Home Visitor
	J. Other

Professional Setting	Race/Ethnicity
A. Child Care Center	A. White
B. Registered Ministry	B. Black or African American
C. Head Start	C. American Indian or Alaska Native
D. College/University	D. Asian Indian
E. Family Child Care Home	E. Chinese
F. Preschool	F. Filipino
G. Clinic	G. Japanese
H. Elementary	H. Korean
I. Home Based	I. Vietnamese
J. Other	J. Other Asian
	K. Native Hawaiian
	L. Guamanian or Chamorro
Conference Attendance	M. Samoan
A. First time attendee	N. Hispanic
B. Attended previously	O. Other Pacific Islander
C. Attend annually	P. Other

Level of Experience / Education

A. Level 1: Beginner/Pre-Credential
 B. Level 2: Novice/Credential
 C. Level 3: Intermediate/Associate Degree
 D. Level 4: Experienced/Bachelor's Degree
 E. Level 5: Advanced/Master's Degree and Beyond

