

DAWN Region of Indiana AEYC
The Power of YOU and the Impact You Make!
Saturday February 23, 2019

ATTENDEE INFORMATION

Name: _____
Indiana AEYC Member ID#: _____
Current place of employment: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
County: _____
Day Phone: _____
Evening Phone: _____
Email Address: _____
Student: YES NO School: _____
Current T.E.A.C.H. Early Childhood® INDIANA recipient: YES NO

REGISTRATION

Rates ending Feb 8th
 Indiana AEYC Member of NAEYC – \$25
 Non Members – \$30
 Student – \$25 (valid student ID required)

Rate beginning Feb 9th
 All Registrants – \$35

PAYMENT

Check or Money Order
Please make checks payable to Indiana AEYC

 Credit Card: VISA / MasterCard / American Express
CC#: _____
Expiration Date: _____ CVV Code: _____
Name on Card: _____
Signature of Card Holder: _____
Billing Address: _____

DEMOGRAPHIC INFORMATION

GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I prefer not to answer	RACE <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Indian Subcontinent <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian Native or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I prefer not to answer
ETHNICITY <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origin <input type="checkbox"/> I prefer not to answer	
POSITION <input type="checkbox"/> Curriculum Specialist <input type="checkbox"/> Director/Asst. Director <input type="checkbox"/> Educator/Teacher or Teacher's Assistant <input type="checkbox"/> Executive (Corporate) <input type="checkbox"/> Government Executive/ Administrator <input type="checkbox"/> Higher Education Administrator <input type="checkbox"/> Higher Education Faculty	<input type="checkbox"/> Home-based Childcare Provider <input type="checkbox"/> Nonprofit Executive/ Administrator <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Student <input type="checkbox"/> Superintendent/ Principal <input type="checkbox"/> Trainer/Coach/ Consultant <input type="checkbox"/> I prefer not to answer
PROFESSIONAL SETTING <input type="checkbox"/> Child Care Center <input type="checkbox"/> Registered Ministry <input type="checkbox"/> Head Start <input type="checkbox"/> College/University <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Preschool	<input type="checkbox"/> Clinic <input type="checkbox"/> Elementary <input type="checkbox"/> Home Based <input type="checkbox"/> Other <input type="checkbox"/> I prefer not to answer
AGE GROUPS IN WORK/HOME <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Pre-K <input type="checkbox"/> Kindergarten <input type="checkbox"/> School-Age (K-3)	<input type="checkbox"/> Middle School <input type="checkbox"/> Secondary School <input type="checkbox"/> College Students <input type="checkbox"/> Adults <input type="checkbox"/> I prefer not to answer
CONFERENCE ATTENDANCE <input type="checkbox"/> First Time Attendee <input type="checkbox"/> Attended previously <input type="checkbox"/> Attend annually	

**Note: Registrations are transferable
but not refundable.**

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

Online: www.iaeyc.org/dawn

Mail: Indiana AEYC
Attn: Registration
2955 N Meridian St. Suite 120
Indianapolis IN 46208

Fax: 317-259-9489