Page 1 of 4



GROUPS OF 10 OR MORE INDIVIDUALS WILL RECEIVE DISCOUNTED CONFERENCE REGISTRATION FEES FOR PACKAGES A, B & C.

To qualify, all registrants in the group must be at the same address, and all names must be submitted at the same time, in **ONE** envelope with **ONE** payment to cover all registrations. Registration forms mailed separately and/or arriving later in a separate envelope will be processed as individual registrations and will not be eligible for the group discount, nor will they count toward the 10-person minimum. **Please note Package A includes both dinner meal events.**

1.	Group Discount Fees						
	Package C - Saturday			Quantity	Price	Total	
	NYAEYC Member				@ \$135.00 =	\$	
	Non Member				@ \$175.00 =	\$	
2.	NYAEYC Membership				1	Τ.	
	Entry Level				@ \$30.00 =	\$	
	Standard Level				@ \$69.00 =	\$	
	Premium Level				@ \$150.00 =	\$	
	Total Number of Registrant	is:		Total Enclosed Amount: \$			
——	anization Name		Organization In	formation	NAFYC /	Accredited	
Oigi	amzacion Nume				WALTE /	dereuted	
Mai	ling Address		City		State	Zip Code	
County Contact Person's				Daytime	Phone Number		
			Payment Info				
	ayment Method					REGISTRATION FORM.	
	Check/money order payable t	O NYAEYC			CHECKS PAYABLE TO		
	Purchase order enclosed Credit Card			Mail completed Group Registration Form, a Payment to:		ON FORM, ALONG WITH	
	Credit Card			NYAEYC			
Car	rd Number	Expiration Date	CVV#		2023 CONFEREN		
_						CF	
				230 W	ASHINGTON AVENU		
Prii	nted Name of Cardholder	Care	dholder Pho ne Number	230 W	ASHINGTON AVENU ALBANY, NY 122	E EXTENSION	

QUESTIONS? CALL: 518-867-3517, EMAIL: CONTACTUS@NYAEYC.ORG, WEBSITE: WWW.NYAEYC.ORG

Page 2 of 4

(<u>å</u> nyaeyc
New York Association for the Education of Young Children
2023 Annual Conference: March 30 - April 1, 2023

		T	1			
1.	Last Name:	First Name:	Email Addres	Finail Adduses		
		1			Position:	
	Registration Package:					
	☐ Package C - Saturday		Exp. Date Member Category:		Yrs of Exp:	
	Purchase Membership	If Standard, select a magazine:	Aspire ID:		ry restrictions or special needs	
	☐ Entry Level ☐ Standard Level		Aspire ib.	here:	y restrictions or special fleeds	
	·	☐ Young Children		nere.		
	☐ Premium Level	☐ Teaching Young Children				
2	Last Name:	Name: First Name: Em		Email Address:		
	Posistration Poskogo:		☐ Member #:		Position:	
	Registration Package:					
	☐ Package C - Saturday			gory:	Yrs of Exp:	
	Purchase Membership	If Standard, select a magazine:	Aspire ID:	Please list any dietary restrictions or special nee		
	☐ Entry Level ☐ Standard Level	☐ Young Children		here:		
	☐ Premium Level	☐ Teaching Young Children				
	- Tremain Level	- reaching roung children				
3	Last Name:	First Name:	Email Addres	s:		
	Registration Package:		☐ Member #:		Position:	
	1 -					
	☐ Package C - Saturday		Member Category:		Yrs of Exp:	
	Purchase Membership	If Standard, select a magazine:	•		ietary restrictions or special needs	
	\square Entry Level \square Standard Level	☐ Young Children		here:		
	☐ Premium Level	☐ Teaching Young Children				
		3 3				
4	Last Name:	First Name:	Email Address:			
	Registration Package:		☐ Member #:		Position:	
	☐ Package C - Saturday		Exp. Date		_	
	,		Member Cate	gory:	Yrs of Exp:	
	Purchase Membership	If Standard, select a magazine:	Aspire ID:	Please list any dieta	ary restrictions or special needs	
	☐ Entry Level ☐ Standard Level	☐ Young Children		here:		
	☐ Premium Level	☐ Teaching Young Children				

Page 3 of 4

(A nyaeyc	
New York Association for the Education of Young Children 2023 Annual Conference: March 30 - April 1, 20	023

5	Last Name	Flora Manage	For all Addison			
J	Last Name:	First Name:	Email Address:		Danisia	
	Registration Package:				Position:	
	☐ Package C - Saturday				Yrs of Exp:	
	,			ry:		
	Purchase Membership	If Standard, select a magazine:	Aspire ID:			
	\square Entry Level \square Standard Level	☐ Young Children		here:		
	☐ Premium Level	☐ Teaching Young Children				
6	Last Name:	First Name:	Email Address:			
	Registration Package:		☐ Member #:		Position:	
	☐ Package C - Saturday					
	,		Member Categor		Yrs of Exp:	
	Purchase Membership	If Standard, select a magazine:	Aspire ID:	Please list any dietary re	y dietary restrictions or special needs	
	\square Entry Level \square Standard Level	☐ Young Children		here:		
	☐ Premium Level	☐ Teaching Young Children				
7	Last Name:	First Name:	Email Address:			
	Registration Package:		☐ Member #:		Position:	
	☐ Package C - Saturday					
	- Fackage C - Saturday		Member Catego	ry:	Yrs of Exp:	
	Purchase Membership	If Standard, select a magazine:	Aspire ID:	Please list any dietary restrictions or special need		
	\square Entry Level \square Standard Level	☐ Young Children		here:		
	☐ Premium Level	☐ Teaching Young Children				
8	Last Name:	First Name:	Email Address:	Email Address:		
	Registration Package:		☐ Member #:		Position:	
	☐ Package C - Saturday		Exp. Date			
	- rackage C - Saturday		Member Catego	ry:	Yrs of Exp:	
	Purchase Membership	If Standard, select a magazine:	Aspire ID:	ire ID: Please list any dietary restrictions or special nee		
	\square Entry Level \square Standard Level	☐ Young Children	here:			
	☐ Premium Level	☐ Teaching Young Children				

Page 4 of 4



☐ Member #: _____

here:

Exp. Date

Aspire ID:

Member Category:

Position:

Yrs of Exp:

Please list any dietary restrictions or special needs

0.8					
9	Last Name:	First Name:	Email Address:		
	Registration Package: Package C - Saturday		☐ Member #: Exp. Date Member Categor	y:	Position: Yrs of Exp:
	Purchase Membership ☐ Entry Level ☐ Standard Level ☐ Premium Level	If Standard, select a magazine: ☐ Young Children ☐ Teaching Young Children	Aspire ID:	Please list any dietary res here:	trictions or special needs
10.	Last Name:	First Name:	Email Address:		

If Standard, select a magazine:

☐ Teaching Young Children

☐ Young Children

Please be sure that you have:

Organization Name

Registration Package:

☐ Package C - Saturday

Purchase Membership

☐ Premium Level

 \square Entry Level \square Standard Level

- ✓ Completed all the information for each registrant
- ✓ Included payment in full
- ✓ Provided complete information regarding any special needs. Please contact our office if you need to provide additional information.

QUESTIONS? CALL: 518-867-3517, EMAIL: CONTACTUS@NYAEYC.ORG, WEBSITE: WWW.NYAEYC.ORG