

GROUP REGISTRATION FORM

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New York Association for the Education of Young Children

2023 Annual Conference: March 30 – April 1, 2023

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

NYAEYC Member
Non Member

Quantity	Price	Total
	@ \$135.00 =	\$ _____
	@ \$175.00 =	\$ _____

2. **NYAEYC Membership**

Entry Level
Standard Level
Premium Level

	@ \$30.00 =	\$ _____
	@ \$69.00 =	\$ _____
	@ \$150.00 =	\$ _____

Total Number of Registrants: _____

Total Enclosed Amount: \$ _____

Organization Information

Organization Name		NAEYC Accredited	
Mailing Address	City	State	Zip Code
County	Contact Person's Name	Daytime Phone Number	

Payment Information

Payment Method

- Check/money order payable to NYAEYC
- Purchase order enclosed
- Credit Card

Card Number	Expiration Date	CVV#
Printed Name of Cardholder		Cardholder Phone Number
Cardholder Signature		Cardholder Billing Zip Code

**PAYMENT MUST ACCOMPANY GROUP REGISTRATION FORM.
MAKE CHECKS PAYABLE TO NYAEYC.
MAIL COMPLETED GROUP REGISTRATION FORM, ALONG WITH
PAYMENT TO:
NYAEYC
2023 CONFERENCE
230 WASHINGTON AVENUE EXTENSION
ALBANY, NY 12203
OR FAX TO: 518-867-3520**

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

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Organization Name: _____

1.	Last Name:	First Name:	Email Address:	
	Registration Package: <input type="checkbox"/> Package C - Saturday		<input type="checkbox"/> Member #: _____	Position: _____
			Exp. Date _____	Yrs of Exp: _____
			Member Category: _____	
	Purchase Membership <input type="checkbox"/> Entry Level <input type="checkbox"/> Standard Level <input type="checkbox"/> Premium Level	If Standard, select a magazine: <input type="checkbox"/> Young Children <input type="checkbox"/> Teaching Young Children	Aspire ID: _____	Please list any dietary restrictions or special needs here: _____
2	Last Name:	First Name:	Email Address:	
	Registration Package: <input type="checkbox"/> Package C - Saturday		<input type="checkbox"/> Member #: _____	Position: _____
			Exp. Date _____	Yrs of Exp: _____
			Member Category: _____	
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Please be sure that you have:

- ✓ 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.

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