



# Creating A Masterpiece: A Confident, Thinking Child

## REGISTRATION FORM

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Check All That Apply:  Pre-K Teacher  Kindergarten  Head Start  Public School  Faith Based  Child Care Provider  
 Center  Home  Administrator/Director  Advocate  First Class Pre-K Teacher  Other \_\_\_\_\_

### SPECIAL NEEDS

Equal Access  Special Diet

Please Explain \_\_\_\_\_

### CONFERENCE FEES

	Early Bird By 3/19/12	Regular After 3/19/12	On-Site	
<i>Pre-Conference Wednesday - lunch included</i>	\$85	\$115	N/A	\$ _____
<i>Conference Thursday &amp; Friday ~ Awards Luncheon not included</i>	\$150	\$175	\$200	\$ _____
<i>Special Event ~ Awards Luncheon – Participants</i>	\$35	\$35	N/A	\$ _____
<i>Non-Participants</i>	\$45	\$45	N/A	\$ _____
<b>Total Conference Fees</b>				\$ _____

### WORKSHOP SESSIONS

<i>Seating is limited. Choose a 1<sup>st</sup>, 2<sup>nd</sup>, &amp; 3<sup>rd</sup> choice. Write the course number for the workshops in each</i>	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
Wednesday, 4/18/2012 – Pre-Conference			
Thursday, 4/19/2012 – Opening – 9:00am – 10:30am			
Thursday, 4/19/2012 – Session I – 10:45am – 12:15pm			
Thursday, 4/19/2012 – Session 2 – 2:00pm -3:30pm			
Thursday, 4/19/2012 – Session 3 – 3:45pm – 5:15pm			
Friday, 4/20/2012 - Session 4 - 8:30am - 10:00am			
Friday, 4/20/2012 - Closing Session - 10:15am - 12:15pm			

- All conference fees are non-refundable.
- On-site registration will be available only if workshops are not filled.
- Register early to receive your preferred workshop selections.
- Registration must be paid to secure selections and **must be made by April 11, 2012.**

### PAYMENT METHOD

**Make all checks payable to: AL Pre-K Conference**

Credit Card:  VISA  MasterCard  American Express  Discover  Check  Purchase Order

Credit Card/Check/PO #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Register online at: [condorregistration.net/ALPreK](http://condorregistration.net/ALPreK), by fax to: 256-852-6838, or mail to: AL Pre-K Conference, P.O. Box 3348, Huntsville, AL 35810

**Questions:** Call 256-852-4490 or email [ALPreK@condorregistration.net](mailto:ALPreK@condorregistration.net)