

Please complete the registration form on the back and forward with payment to:

Alberta Parlee - ECRTNO Conference Registrar

c/o Children's Developmental Services

**690 Dorval Drive 5th Floor
Oakville Ontario L6K 3X9**

Please Note:

- **Members must be in good standing at the time of conference to receive members' rate.** Should your membership end prior to conference date, you must renew with conference fee.
- Registration forms and payments received with a post mark date on or before August 31, 2014, will be accepted as **Early Bird** registrations. Registrations received between September 1, 2014 and September 30, 2014 will be at the regular rate.
- Please fill out the attached Membership form and include with registration form.

Remember to copy your registration form for your records. Your receipt will be given out at registration.

Type of Membership

Professional \$80.00	An individual who holds a diploma in Resource Teaching or Equivalent. This membership has full voting privileges.	Voting status
Associate \$80.00	An individual working in the field of Early Childhood Education or another field related to working with young children.	Voting status
Institute \$160.00	An educational or treatment facility or agency, developmental services agency or other organization interested in Early Childhood Resource Teaching. The membership entitles the agency or organization to send one (1) representative to all events	one (1) representative vote

Name: _____ **Previous Name (if applicable):** _____

Type of Membership: **Professional** **Associate** **Institute**
Renewal **Membership #** _____ **New**

Address: _____

Postal Code: _____ **Phone #:** _____ **E-mail Address:** _____

Employer/Agency: _____ **Position:** _____

Address: _____

Postal Code: _____ **Phone #:** _____ **Work e-mail:** _____

ECRTNO CONFERENCE REGISTRATION FORM

Early Bird Registration Deadline is August 31, 2014

Registrations received between September 1 to 30, 2014 will at the regular rate

Payment **must** be received with this registration form in order to be processed. Receipts will be issued to the person submitting payment. See details below. Note** If you are unable to participate a colleague may attend in your place, but refunds will NOT be given.

Please print when completing all information in order for us to process your registration quickly.

Full name _____ (last name previously used): _____

Employer/Agency _____ Job Title _____

Mailing Address: Street _____

City/Town _____ Postal Code _____ Phone # _____

Email address: home _____ work _____

CONFERENCE REGISTRATION AND MEMBERSHIP FEES

Please select **EITHER** a morning and afternoon **OR** a full day workshop

We reserve the right to cancel workshops due to low registration

Keynote presentation on Wednesday evening. Please indicate

I will attend I will not be attending

DAY AND TIME (circle)		WORKSHOP 1 ST Choice	WORKSHOP 2 ND choice
Thursday	AM		
	PM		
	Fullday		
Friday	AM		
	PM		
	Fullday		

FEES FOR MEMBERS and NON-MEMBERS	Early Bird by August 31st		On/after September 1st	
	Member's rate	Non-Member's rate	Member's rate	Non Member's rate
FULL Conference Includes ALL listed below	\$275.00	\$425.00	\$375.00	\$475.00
Wednesday evening only Keynote and Welcome reception	\$10.00	\$10.00	\$10.00	\$10.00
Thursday or Friday only AM & PM or ONE full day workshop All meals and the Resource Fair	\$150.00	\$225.00	\$200.00	\$250.00
Membership fee if applicable	\$80.00		\$80.00	
Conference fee \$ _____ + membership fee \$ _____ TOTAL \$ _____			<input type="checkbox"/> I have dietary needs of: _____	

Method of payment: Cheque enclosed

Make cheque payable to ECRTNO and forward with registration form to:
 Alberta Parlee
 ECRTNO Conference Registrar
 C/O Children's Developmental Services
 690 Dorval Drive 5th Floor
 Oakville Ontario L6K 3X9

Method of payment: PayPal

go online www.ecrtno.ca, PayPal will accept credit cards, you do not need to have an account THEN scan and email your registration form to treasurer@ecrtno.ca

FOR OFFICE USE ONLY-CONFERENCE

Date Information received		
Cheque number		Receipt number
PayPal payment		
FOR OFFICE USE ONLY – MEMBERSHIP		
Membership Expires		Northern <input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Western <input type="checkbox"/>
Membership list on		Membership card sent out on