

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 A (includes both dinner events)

NYAEOYC Member

Non Member

Quantity	Price	Total
	@ \$265.00 =	\$ _____
	@ \$300.00 =	\$ _____

Package B

NYAEOYC Member

Non Member

	@ \$200.00 =	\$ _____
	@ \$240.00 =	\$ _____

Package C (please indicate day on page 2)

NYAEOYC Member

Non Member

	@ \$120.00 =	\$ _____
	@ \$160.00 =	\$ _____

2. Regular Registration Fee (If postmarked after February 13th)

Please add regular registration fee per registration.

	@ \$15.00 =	\$ _____
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3. Add A La Carte Meals (for purchase with Package B or C)

Thursday "Welcome to Verona" Dinner

NYAEOYC Member

Non Member

	@ \$70.00 =	\$ _____
	@ \$75.00 =	\$ _____

Friday "Champions for Children" Awards Dinner

NYAEOYC Member

Non Member

	@ \$75.00 =	\$ _____
	@ \$80.00 =	\$ _____

4. NYAEOYC Membership

Entry Level

Standard Level

Premium Level

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

Total Number of Registrants: _____

Total Enclosed Amount: \$ _____

Organization Information

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

Payment Information

Payment Method

- Check/money order payable to NYAEOYC
- 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 NYAEOYC.**

MAIL COMPLETED GROUP REGISTRATION FORM, ALONG WITH

PAYMENT TO:

NYAEOYC

2023 CONFERENCE

230 WASHINGTON AVENUE EXTENSION

ALBANY, NY 12203

OR FAX TO: 518-867-3520

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

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	Registration Package: <input type="checkbox"/> Package A <input type="checkbox"/> Package B <input type="checkbox"/> Package C – Friday <input type="checkbox"/> Package C - Saturday	Ala Carte Meals <input type="checkbox"/> Thursday - Welcome to Verona Dinner <input type="checkbox"/> Friday – Champions for Children Dinner	<input type="checkbox"/> Member #: _____ Exp. Date _____ Member Category: _____	Position: _____ Yrs of Exp: _____
	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	Please list any dietary restrictions or special needs here:	
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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.

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