

Early Intervention-Preschool Conference

Pre-Registration Form

Pre-Registration will be accepted through October 7, 2019

First Name: _____

Last Name: _____

Title: _____

Discipline: _____

(e.g., Early Childhood Special Educator, Physical Therapist, Social Worker)

Organization Employed by: _____

Address: _____

City/State/Zip: _____

Area Code & Telephone: _____

Email Address: _____

Are you a family member of a child with a disability? ___ Yes ___ No

PLEASE CHECK THE ITEMS FOR WHICH YOU ARE REGISTERING:

PROFESSIONAL for regular conference on Monday, Oct 21 through Wednesday, Oct 23

\$155 Conference registration fee (*Onsite Registration = \$170*)

PARENT/STUDENT for regular conference on Monday, Oct 21 through Wednesday, Oct 23

Parent = Parent of a child with a disability below the age of 5 whose registration is not covered by an agency/employer.

Student = Individual who is a student in a related field whose registration is not covered by an agency/employer.

\$80 (*Onsite Registration = \$85*)

PAYMENT SUMMARY

registering = _____ @ \$155
Regular conference Professional
Fee

registering = _____ @ \$ 80
Regular conference Parent/
Student Fee

TOTAL AMOUNT
ENCLOSED.....
\$ _____

PAYMENT OPTIONS

Check or money order enclosed: #

Charge my credit card: Card number

Card Type: VISA MasterCard Discover

Expiration Date: ____/____ CVV: _____

Cardholder's Name as it appears on the card ↓:

Cardholder's Signature ↓:

**MAIL REGISTRATION
FORM AND PAYMENT TO:**

UCP of Alabama
Attn: Lisa Spurling
415 Castle Ave
Anniston, AL 36205