North Carolina Head Start Association 40th Annual Training Conference

March 10-12, 2010 Registration FORM

Please TYPE or PRINT CLEARLY (attach additional pages as needed)

Program/Agency Name:			Contact Phone Number:	
Name of Contact Person:			Contact Email Address:	
NAME:	POSITION:		Poverty Simulation* Session Pre-Registration	Physical/Dietary Needs:

Sub-Total from this page:	
Sub-Total from additional attached pages:	
TOTAL NUMBER OF FULL REGISTRATIONS (*Awards Banquet* ticket included)	

REGISTRATION FEES

*Number of Program Member ** early bird (by Jan. 15, 2010) full registrations _____ x $200 =$_______*

*Number of Program Non-Member*** early bird (by Jan. 15, 2010) full registrations _____ x $225 =$_______*

Number of Program Member (after Jan. 15, 2010) full registrations _____ x $225 =$_______

Program Non-Member (after Jan. 15, 2010) full registrations _____ x $250 =$_______

Conference Program Ads: (email b/w copy-ready ad to mbare@ncheadstart.org)

❒ ¼-page ($75); ❒ half-page ($150); ❒ full-page ($300) Amount for Ads = $_______

Total Amount Enclosed = $_______

Or APPROVED Purchase Order # ______________________

(must attach copy of Approved PO)

SEND CHECKS (made payable to NCHSA) TO:

NCHSA Conference
PO Box 4534
Asheboro, NC 27204

Registrations with PO's may be faxed to 800.619.7313

* The Poverty Simulation 3-hour session requires pre-registration. Please check (✓) the box for each registrant that plans to attend this session on Thursday, March 11.

** MEMBER = Your Head Start Program or Early Care Agency is a current (2009-2010) member of NCHSA

*** NON-MEMBER = Your Head Start Program or Early Care Agency is not a current (2009-2010) member of NCHSA.

Weaving the Future from the Fabric of our Past