

Registration Form

Seminar City & Date: _____
School Name: _____
School Address: _____
City, State & Zip Code: _____
Telephone #: _____ Cell #: _____
E-Mail Address: _____

How did you learn about this conference? mail fax e-mail

8:30am-1:30pm THURSDAY Mgmt. Session "Director's Boot Camp #16"
\$99.00 per person _____ # of people to attend

8:30am-1:30pm FRIDAY Mgmt. Session "Director's Boot Camp #17"
\$99.00 per person _____ # of people to attend

9am-1pm SATURDAY STAFF Session
\$ 29.00 per person _____ # of people to attend

9am-1pm SATURDAY MANAGEMENT "Director's Round Table" Session
\$ 99.00 per person _____ # of people to attend

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

(attach a list of additional attendees and/or make copies if needed)



Staff Session Only: Any center who registers 10 or more people for one session receives a discounted rate of \$25.00 per person.

Mail this form with your check payable to: The Child Care Consulting Group-
P.O. Box 2300 Allen, TX 75013

Check # _____ Total Amount: _____ - or -

☎ Fax this form with Credit Card Information to: 972-442-4583

MC/VISA/AM EXPRESS/DISCOVER (Circle One)

Card #: _____ Exp. Date: _____

Name on Card: _____

3 digit code _____ Card Billing Address: _____

(There are no refunds. However, substitutions are allowed.)

For More Information ☎ Call 972-979-0282 ☎

www.thechildcareconsultinggroup.com