

FEE: \$75

| | | | |
|------------------------------|--|---|------------------------------------|
| Last Name | | | |
| First Name | | Add me to your email list! (address below) <input type="checkbox"/> | |
| | | Add me to your mailing list! (address below) <input type="checkbox"/> | |
| S.I.N. | | NSCC/ECSDC STUDENT NUMBER | |
| ADDRESS** | | BIRTH DATE | |
| OR (one required) | | | |
| Apt. # | Street | Month | Day Year |
| CITY | | POSTAL CODE | |
| HOME TELEPHONE | | BUSINESS TELEPHONE | |
| EMAIL ADDRESS* | | | |
| ORGANIZATION | | | |
| ----- | | | |
| #1119 | Pre-Conference Session: | | |
| | <input type="checkbox"/> I am attending the Pre-Conference - <i>FREE because I'm attending the Conference.</i> | | |
| | <input type="checkbox"/> I am attending the Pre-Conference Only - <i>payment for \$20 included</i> | | |
| | <input type="checkbox"/> I am not attending the Pre-Conference Session | | |
| #1120 | Conference Sessions: <i>Refer to Conference flyer for full descriptions</i> | | |
| | <input type="checkbox"/> I am attending the Conference - <i>Payment for \$75 included</i> | | |
| Concurrent Session A: | (10:00 - 11:30) | <i>Rank Order of preference</i> | |
| ___ | Math & Literacy | ___ | Elluminate |
| | | ___ | Tell Me Another One! |
| Concurrent Session B: | (12:30 - 2:00) | <i>Rank Order of preference</i> | |
| ___ | Science & Nature | ___ | Handle With Care 3 hours |
| | | ___ | Here a Story... |
| Concurrent Session C: | (2:30 - 4:00) | <i>Rank Order of preference</i> | |
| ___ | Toddler Transition | ___ | Handle/Care (NO Session C) |
| | | ___ | Children's Faces ... |

* Email address used for confirmations. **Be sure to include address for opt-in mailing list

Fees must accompany application form.

Please indicate method of payment:

- Cheque or Money Order
(payable to Nova Scotia Community College)
- Cash
- Debit Card Please mail receipt
- American Expre I will pick up receipt
at the Conference
- Master Card
- Visa

Card Number _____ **Expiry** _____

HST is included in course price.

Schedule and sessions subject to change.

**Please forward registration forms
with payment to the ECSDC by APRIL 20TH
via Mail, Telephone or Fax**

Early Childhood Development Centre - Kingstec
236 Belcher Street; Kentville, NS; B4N 0A6

Phone: 690-2514 | Fax: 902-690-2186

*Registration cannot be processed nor
places held until payment is received.*