



Young Child EXPO & CONFERENCE

REGISTRATION FORM

Presented by **Los Niños TRAINING**

WYNDHAM NEW YORKER HOTEL — MAY 1-4, 2018 WWW.YOUNGCHILDEXPO.COM

MAIL OR FAX COMPLETED FORM & PAYMENT TO: Los Niños Training, 535 8th Avenue, 2nd Floor, New York, NY 10018

If paying by check, make check payable to Los Niños Training TELEPHONE: 212-787-9700 ext. 333 FAX: 212-787-4418

CONFERENCE FEES (Check Appropriate Fee)	1 DAY (Check ONE day)	2 DAY (Check TWO days)	3 DAY
Early Bird Special (4/6/18)	<input type="checkbox"/> \$175.00 <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> \$275.00 <input type="checkbox"/> W/Th <input type="checkbox"/> W/Fri <input type="checkbox"/> Th/Fri	<input type="checkbox"/> \$375.00
Regular Professional Rate	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$425.00
Group (3-10 people)/Student/Parent	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$350.00

***Group rates available for 11 people or more—please call or go to www.youngchildexpo.com for more details.**

How did you hear about the conference?

- Email
- Friend/Colleague
- Program Brochure
- Attended conference previously
- Website
- Facebook
- Twitter
- Other Social Media
- Other _____

Register online, by fax, or by mail.

Confirmations are made by e-mail only. Your registration will be confirmed once full payment is received. Please contact us immediately if you do not receive confirmation within 2 business days of registration.

Cancellation Policy.

A Full refund will be given if Los Niños Training is notified in writing by Monday, April 2, less an administrative fee of \$15. No refunds will be extended after April 2.

Seating is general admission on a first come first served basis.

Young Child Expo does not guarantee attendance at specific sessions, except for the full day workshops for preregistrants.

Contact: Nancy Evangelista, Conference Coordinator, MSW
212-787-9700 ext. 333, www.youngchildexpo.com

Name* _____

Address* _____

City* _____ State* _____ Zip* _____

Work Phone* _____ Home Phone _____

Cell Phone _____

E-MAIL* _____

Occupation* _____

Company or Organization* _____

Position in Company* _____

Check Payment: Make check payable to Los Niños Training. (See address above)

Credit Card Payment (check one): Visa MasterCard AMEX Discover

Card Number _____

Exp. Date _____ 3 or 4 digit verification code _____

Name of Cardholder: _____

Billing Address (if different from above address)

Address _____

City* _____ State* _____ Zip* _____

* Required Information