

# REGISTRATION FORM

DEC • 2010 Conference Sessions: October 14 – 17, 2010 • Kansas City, Missouri



## CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
As it will appear on name tag

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact me to discuss special accommodations needed

## CONFERENCE FEES

**Professional**  
\$395

**Students & Family Members**  
\$275

## PAYMENT COMPUTATION

**CONFERENCE REGISTRATION FEE** \$ \_\_\_\_\_

Full Conference \$395 (professionals) or \$275 (students/families)

One-Day Conference \$295 (professionals) or \$225 (students/families)  
 Friday, October 15  Saturday, October 16

**DEC Member Discount** \$ \_\_\_\_\_

**SAVE \$100** if you are a DEC member

Member Number: \_\_\_\_\_ (required for member discount)

**Early Bird Registration Discount** \$ \_\_\_\_\_

**SAVE \$50!** Register before September 10, 2010

SUBTOTAL \$ \_\_\_\_\_

**Group Registration Discount** \$ \_\_\_\_\_

**SAVE 10%** when you register a group of 5 or more  
(all registration forms/payment must be received at the same time)

REGISTRATION TOTAL \$ \_\_\_\_\_

## GREAT ADDITIONS

**Pre-Conference Workshop \$195** \_\_\_\_\_

October 14, 9 a.m. – 4 p.m.

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

**Tour of Juniper Gardens Children's Program \$45** \_\_\_\_\_

October 14, 9 a.m. – 1 p.m.

**Awards Luncheon \$15** \_\_\_\_\_

October 16

**Post-Conference Workshop \$95** \_\_\_\_\_

October 17, 9 a.m. – 12 p.m.

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

**Continuing Education Units \$40** \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

## YOUR PRIMARY ROLE (mark one)

- |  |  |
|--|--|
| <input type="checkbox"/> Early Intervention (0 – 3)                        | <input type="checkbox"/> Administrator or Policymaker  |
| <input type="checkbox"/> Preschool Special Education (3 – 5)               | <input type="checkbox"/> Coordinator   |
| <input type="checkbox"/> Elementary Education (5 – 8+)                     | <input type="checkbox"/> Consultant/Trainer/TA Provider  |
| <input type="checkbox"/> Head Start/Early Head Start                       | <input type="checkbox"/> Health Care Provider/<br>Public Health                                  |
| <input type="checkbox"/> Early Childhood Education or<br>Child Care Parent | <input type="checkbox"/> Social Work   |
| <input type="checkbox"/> Parents/Family Members                            | <input type="checkbox"/> Behavior Specialist/<br>Mental Health Provider                          |
| <input type="checkbox"/> Higher Education Faculty                          | <input type="checkbox"/> Psychologist/<br>School Psychologist                                    |
| <input type="checkbox"/> Researcher  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Physical Therapy                                  |  |
| <input type="checkbox"/> Occupational Therapy                              | <input type="checkbox"/> Check here if you are also the<br>parent of a person with a disability. |
| <input type="checkbox"/> Speech Therapy                                    |  |

## STUDENTS

If registering as a student, provide the following information:

University: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Check here if you plan to attend the Student Workshop on  
October 14 (1 – 4 p.m.). **IT'S FREE!**

## PAYMENT INFORMATION

Charge my credit card:  Visa  MasterCard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Billing address the same as contact information

Check enclosed: # \_\_\_\_\_

Purchase order attached: # \_\_\_\_\_

## COMPLETE AND RETURN WITH PAYMENT TO:

**The Division for Early Childhood**  
27 Fort Missoula Road, Suite 2, Missoula, MT 59804

**FAX: 406-543-0887**

DEC's federal ID number: 25-1637874

**Mailed or faxed registrations must be received by October 1, 2010**

**BY SUBMITTING THIS FORM, YOU AGREE TO THE TERMS AND  
CONDITIONS IN DEC'S REGISTRATION INSTRUCTIONS**

# REGISTRATION INSTRUCTIONS

**GROUP REGISTRATION** save 10% off each person's registration fee when you register as a group of five or more. To qualify, each member of the group must register and pay together. This discount is available for both online and hard copy registration.

**CANCELLATION POLICY** requires a written request for a cancellation refund to be received no later than September 15, 2010. A 20% administrative fee will be assessed for every cancellation and refunds will be mailed 4 – 8 weeks after the conference. **No requests for refunds or cancellation received after September 15 will be accepted.** In the event of death or serious illness, please contact the DEC office for additional instructions.

**SUBSTITUTIONS** for existing registration must be made by the original registrant. Please provide the original confirmation number and a written statement authorizing the transfer (fax or e-mail accepted). Fee adjustments will be made for member/nonmember and registration category.

**DEC MEMBERS** save \$100 off the registration fee. Members must provide their DEC membership numbers with registration to receive this discount. A new member should enclose a copy of the membership application or online confirmation. Original membership application and payment should be sent directly to CEC. All membership numbers will be verified.

**FULL CONFERENCE FEE** includes Opening Keynote and Welcome Reception on October 14 as well as all conference activities on October 15 and 16. Pre-conference workshops on October 14 and post-conference workshops on October 17 require additional fees.

**PAYMENT** by credit card, check, or money order must accompany a hard copy registration form in order to be processed. Make checks payable to DEC. No telephone registrations will be accepted.

**WORKSHOPS** have limited enrollment and a separate registration fee. Registrants may enroll in only one pre- and one post-conference workshop. Indicate first and second choices when registering.

## EARLY REGISTRATION—SAVE \$50!

- Fax by 5 p.m. MST on Friday, September 10, 2010.
- Postmark no later than September 10, 2010.
- Online before midnight MST on September 10, 2010.

## REGISTRATION DEADLINES

- Fax by 5 p.m. MST on Friday, October 1, 2010.
- Postmark no later than October 1, 2010.
- Online registration will remain open through Tuesday, October 12 at 5 p.m. MST.
- On-site registration at the Westin Crown Center, Kansas City is on a space available basis and will open on Wednesday, October 13 at 4 p.m.

## DEC•2010

### The Division for Early Childhood

27 Fort Missoula Road, Suite 2 • Missoula, MT 59804

PH: 406-543-0872 FAX: 406-543-0887 • [dec@dec-sped.org](mailto:dec@dec-sped.org)

## DEC MEMBERS SAVE \$100 ON CONFERENCE REGISTRATION

Members also receive:

- Four journals
  - 1) *Young Exceptional Children*
  - 2) *Journal of Early Intervention*
  - 3) *Teaching Exceptional Children*
  - 4) *Exceptional Children*
- Electronic Newsletters
- Discounts on DEC professional development events
- 10% discount on DEC publications ordered from the DEC Web site
- Savings on professional liability insurance and financial management plans
- Numerous advocacy and networking opportunities
- Access to career connections, listservs and members' Web site

A value  
of \$220!

## JOIN TODAY!

E-mail [dec@dec-sped.org](mailto:dec@dec-sped.org) or call  
406-543-0872 to find out how.



The Division for  
Early Childhood