

STEP 1 CONFERENCE ATTENDEE INFORMATION (REQUIRED)

First Name	Middle Name	Last Name
Job Title		Program Name/Business/Organization
Address		
City	State	Zip
Email Address		
Main Phone	Cell Phone	

STEP 2 PARTICIPANT PROFILE (REQUIRED)

What is your role in the field of family child care? (select all that apply)

Family Child Care Provider State Agency/State Systems Staff
 State/Local Association Leader Head Start/Early Head Start Grantee
 CACFP Sponsor Trainer/Mentor
 CCR&R Staff Other _____

Is this your first time attending a NAFCC conference?
 Yes No

How did you hear about the National Family Child Care Conference? (Select all that apply)

Social media Email
 NAFCC website Word of mouth
 Other _____

What is your age?

Under 18 50-59
 18-29 60 or older
 30-49 Prefer not to answer

What is your ethnicity?

American Indian/Alaska Native Native Hawaiian or Other Pacific Islander
 Black/African American White
 Hispanic/Latino Asian
 Other _____ Prefer not to answer

Which language would you prefer to enjoy conference in?
 English Spanish

Are you currently a family child care provider?
 Yes (Answer questions below) No (Skip to Step 3 on next page)

Approximately how many YEARS of experience do you have in the field of family child care?

Less than 1 year More than 1 year – 5 years
 More than 5 years – 10 years More than 10 years – 20 years
 More than 20 years

What age groups of children do you currently care for? (select all that apply)

Infants (under the age of 1) Toddlers (age 1 and older and under the age of 3)
 Preschoolers (age 3 and older and under the age of 5) School aged (age 5 and older & under the age of 12)

Do you care for children that come from low income households and/or are paid for through subsidies?
 Yes No

Do you care for children with special needs?
 Yes No

STEP 3 SELECT ONE REGISTRATION TYPE (REQUIRED)

<input type="checkbox"/> (NAFCC) Member Registration	\$135	
<input type="checkbox"/> Nonmember Registration	\$195	
GRAND TOTAL		

STEP 4 PAYMENT (REQUIRED)

I will be paying for the grand total amount listed above by:

Credit card Check (Made payable to NAFCC & enclosed with this form) Purchase order (MUST be attached/included with registration form)

Name on credit card	Signature
Credit card number	Expiration date
Billing address	
Billing city	Billing state
Billing zip	

Registration fee includes access to all general sessions and workshop sessions as well as access to any on-demand sessions once the conference concludes. No refunds will be given for any registration fees paid as registrants will have access to all training content after the live conference concludes.