



DAEYC - Saturday Special | April 24, 2010

CONFERENCE REGISTRATION FORM

IMPORTANT NOTE: Please make copies of this page and submit on separate form for each person attending.

Session schedule given at check-in.

No refunds will be given.

Name: _____

Your Child Care Center or Program Name:

Address: _____

City: _____ Zip: _____

Work phone: (_____) _____

For a scholarship, mail this registration form to:

Carolyn Madere

Eastfield College

3737 Motley Drive, Building K

Mesquite, TX 75150

For more information or questions, please call

Carolyn Madere, 972-391-1046.