REGISTRATION FORM
THE CSC EARLY CHILDHOOD TRAINING PROGRAM

WHERE: Room 211 Little Hall, UMaine Orono Campus
WHEN: Tuesday Evenings 6-8:30 PM October 9, 16, 23, and 30th. Saturday 10-3 PM, November 10th.

Last Name: _____________________________ First Name: _____________________________

Occupation: _____________________________ Degree: _____________________________

Organization (if applicable): ______________________________________________________

Address: _____________________________________________________

City: ______________________ State: ___________ Zip or Postal Code: _____________

Daytime Telephone (area code first): ____________________________

e-mail address (your confirmation will be sent here): ________________________________

**I am attending this conference in my role as a** (Check both, if applicable):

□ Professional  □ Parent

**Profession**

□ Preschool Teacher  □ Physical Therapy
□ Special Education  □ Psychiatry
□ Elementary/Secondary Education  □ Psychology
□ Nursing  □ Speech/Language Pathology
□ Occupational Therapy  □ Social Work
□ Other _______________________________

**I am registering for** (please check appropriate box):

□ Conference Only  □ Conference and all four Workshops  □ Workshops Only

Please complete the registration form and either email it to kevin.duplissie@umit.maine.edu or complete a printed registration form and mail it to:

**EARLY CHILDHOOD TRAINING PROGRAM**
Child Study Center
301 Little Hall
University of Maine
Orono, ME 04469

We are not able to accept registrations by fax or phone although messages and inquiries are welcome at kevin.duplissie@umit.maine.edu or 207-581-3080

**CONFIRMATION:** You will receive an email confirmation of your registration.

**CANCELLATION POLICY:** To offer the workshop to as many participants as possible, please contact Kevin at least one (1) week prior to the workshop start to allow wait-list participants to enroll. Assistance will be available throughout the conference to help with any technical issue that may arise.