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 30 th . Saturday 10-3 PM, November 10 th .	
Last Name:	First Name:
Occupation:	Degree:
Organization (if applicable):	
Address:	
City: Sta	ate: 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 Special Education Elementary/Secondary Education Nursing Occupational Therapy Other I am registering for (please check appropring)	

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

Please complete the registration form and either email it to <u>kevin.duplissie@umit.maine.edu</u> 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.