

**South Dakota  
Early Childhood  
Education  
Conference**



**2012 South Dakota Early  
Childhood Education Conference**  
**Thursday – Saturday**  
**April 12 – April 14, 2012**  
**Holiday Inn Hotel and Convention Center**  
**305 North 27th Street**  
**Spearfish, SD**

Website: <http://sdececonference-org.doodlekit.com>

**1. Please print or type your name as you wish it to appear on your name badge. (Complete a separate form for EACH registrant.)**

<b>Name:</b>		
<b>Organization:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Fax:</b>	
<b>Email (all correspondence will be sent via email):</b>		

**2. Please check all boxes that apply**

<b>What is your age?</b>				
<input type="checkbox"/> 18 - 24	<input type="checkbox"/> 25-30	<input type="checkbox"/> 31 - 36	<input type="checkbox"/> 37-45	<input type="checkbox"/> 46 - 65 +
<b>What is your ethnic background?</b>				
<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American		
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other, specify		
<b>What age group do you work with? (Please check all that apply.)</b>				
<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers	<input type="checkbox"/> Preschool	<input type="checkbox"/> Primary	<input type="checkbox"/> Adults <input type="checkbox"/> Other
<b>What type of setting do you work in? (Please check all that apply.)</b>				
<input type="checkbox"/> Administration	<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Nutrition Services		
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Head Start	<input type="checkbox"/> Preschool		
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Other, specify		
<b>Membership Status (Please check all that apply.)</b>				
<input type="checkbox"/> AEYC member	Membership ID #	Affiliate/Chapter Name:		
<input type="checkbox"/> Head Start	Program Name:			
<input type="checkbox"/> Early Head Start	Program Name:			
<input type="checkbox"/> Full Time Student	Student ID #:	College/University Name:		
<input type="checkbox"/> Non member				
<input type="checkbox"/> Presenter (One person per registration form. One presenter discount offered per session)				

Early bird registration fees will be accepted through **March 1, 2012**. Any registration forms turned in after this date will be charged regular fees listed below. Request for refunds will not be honored after **March 18, 2012**. A \$20 processing fee will be deducted from all refunds. No refunds will be given for meals. Returned checks will be assessed a \$30 fee. Registration forms must be postmarked by **April 4, 2012**. After this date on-site registration will apply.

### 3. Registration Information

<b>Pre-conference: Thursday (tickets will be required for admission)</b>						
<b>Cathy Cole:</b> Personal and Professional Leadership	8:30 - 11:30 a.m.			<input type="checkbox"/> \$50		
<b>Judy Harris Helm:</b> The Power of Projects	8:30 - 11:30 a.m.			<input type="checkbox"/> \$50		
<b>Full Conference Registration: Thursday-Saturday</b>						
	<b>Early Bird</b> <i>Postmarked <b>by</b></i> <i>March 1, 2012</i>	<b>Regular</b> <i>Postmarked <b>after</b></i> <i>March 1, 2012</i>	<b>On-Site</b>	<b>Presenter</b> <i>(One Per Session)</i>		
<b>Member</b>	<input type="checkbox"/> \$80	<input type="checkbox"/> \$95	<input type="checkbox"/> \$115	<input type="checkbox"/> \$40		
<b>Nonmember</b>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$115	<input type="checkbox"/> \$135	<input type="checkbox"/> \$50		
<b>Student</b>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$80	<input type="checkbox"/> \$25		
<b>One Day Registration (please choose day you will be attending)</b>						
<input type="checkbox"/> <b>Thursday</b> <input type="checkbox"/> <b>Friday</b> <input type="checkbox"/> <b>Saturday</b>	<b>Early Bird</b> <i>Postmarked <b>by</b></i> <i>March 1, 2012</i>	<b>Regular</b> <i>Postmarked <b>after</b></i> <i>March 1, 2012</i>	<b>On-Site</b>	<b>Presenter</b> <i>(One Per Session)</i>		
<b>Member</b>	<input type="checkbox"/> \$45	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$20		
<b>Nonmember</b>	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$25		
<b>Student</b>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50	<input type="checkbox"/> \$25		
<b>**Presenters not planning to attend any other portion of the conference - Please mark here.**</b> <input type="checkbox"/>				<input type="checkbox"/>		
<b>Luncheons</b>						
<b>Friday, April 13</b> SDHSA Recognition Luncheon		<b>SDHSA Buffet:</b> <i>Smoked pork loin, roasted turkey, potatoes, steamed veggies and salad</i>		<input type="checkbox"/> \$15		
<b>Saturday, April 14</b> SDAEYC Business Meeting Luncheon		<b>Taste of Tuscany:</b> <i>Lasagna, Pasta, Red/Alfredo Sauce, Caesar Salad, and Garlic Breadsticks</i>		<input type="checkbox"/> \$15		
<b>Please list special meal requests:</b>						
<b>T-Shirt Orders</b>						
<i>Please submit any T-shirt orders by March 1. T-shirts will be white with the conference logo placed in color on the front left chest.</i>						
<b>Shirt Style</b>	Small	Med	Large	XL	XXL	XXXL
<i>Short Sleeve</i>	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$12	<input type="checkbox"/> \$15
<i>Long Sleeve</i>	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$17	<input type="checkbox"/> \$18
<b>Total Pre-Conference:</b>						
<b>Total Conference Fee:</b>						
<b>Total Luncheon Fee:</b>						
<b>T-Shirt Fee:</b>						
<b>Donation To Conference:</b>						
<b>Receipt Required?</b>						
<b>TOTAL PAYMENT:</b>						
<p><i>If you are under the Americans with Disabilities Act and you require auxiliary aids or services, please attach a description of your needs with this form and return it no later than April 4, 2012.</i></p> <p><b>Mail registration form and payment to:</b>                  2012 SDECE Conference                  PO Box 1031                  Pierre, SD 57501</p>						

**THANK YOU!!**

**Please Visit: <http://sdececonferece-org.doodlekit.com>**  
**For More Information**