



**2019 Champions for Young Children Symposium
Registration Form
Richland 2 Institute of Innovation (R2i2) - August 2, 2019
763 Fashion Drive, Columbia SC 29229**

Personal Information

Please type your information as you would like it to appear on conference materials.

Name* _____ First Name for Name Badge* _____

Primary Phone* _____ Email* _____

Address* _____

City* _____ State* _____ Zip* _____

* Indicates Required Field

Are you a? ☐ Parent ☐ Professional ☐ Parent/Professional ☐ Other: _____

Do you work in any of the following sectors? Select only one.

- ☐ Early Childhood Education
- ☐ Early Intervention
- ☐ Child Care
- ☐ Head Start/Early Head Start
- ☐ Early Childhood Special Education
- ☐ Home Visitation
- ☐ Pre-K
- ☐ Other. Explain: _____

Registration

Symposium registration fee includes the Symposium program, Symposium materials, Symposium parking at R2i2, continental breakfast and lunch. A confirmation will be mailed upon receipt of your paid registration.

Registration will be on a first-come basis. Payment must be attached to a completed registration form. **Participants' registration forms must accompany the purchase order and must list all participant(s) on the purchase order.** Purchase orders will be billed for all persons registered regardless of their attendance. Incomplete registrations will be returned. **Note: Registration fees are non-refundable.**

Symposium Registration Fee: \$ 40.00

Total Amount Enclosed \$ _____

Special Assistance | Requests

Please indicate if you need any form of assistance or accommodations. Please be as specific as possible.

Please indicate if you have any dietary restrictions or special requests.

Questions

If you are experiencing difficulties with the registration process or have general questions regarding the symposium, please contact Conference & Event Services at +1-803-777-9444 or confs@mailbox.sc.edu.

Program questions can be directed to Tecoria Jones at scic@mailbox.sc.edu.

Method of Payment (Mail or Fax)

CEC Office Use Only:

DATE: _____ MTH _____ \$ _____ APPVL _____ A _____ CC 4 _____ Exp _____

Please complete the payment information below and mail this registration form with your payment to:

2018 Champions for Young Children Symposium
Continuing Education and Conferences
University of South Carolina
1705 College Street, Suite 591
Columbia, SC 29201

OR

You may fax your registration form to 803-777-2663.

Make all methods of payment payable to the: **University of South Carolina**. If you wish to charge your fees, enter your account number and sign below.

- ☐ Check
- ☐ Purchase Order-PO must be attached and show participant name(s)
- ☐ IIT (USC Departments Only) Operating Unit _____ Dept _____ Fund Code _____
Class Field _____ PC Business Unit _____ Project _____ Activity _____
- ☐ MasterCard ☐ American Express ☐ VISA ☐ Discover

PLEASE PRINT:

Note: The charge on your credit card statement will appear from the University of South Carolina.

Name on Card: _____

Cardholder Signature: _____ Date: _____

CVV Number: _____ Card Number: _____ Expiration: _____

Please do not scan and email this form with credit card information. It is not secure and will not be accepted.