

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 a	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? Sele 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. <u>Participants' registration forms must accompany the purchase order and must list all participant(s) on the purchase order.</u> Purchase orders will be billed for all persons registered regardless of their attendance. Incomplete registrations will be returned. <u>Note: Registration fees are non-refundable.</u>

Symposium Registration Fee: \$ 40.00	
Total Amount Enclosed \$	

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Plea	Please indicate if you need any form of assistance or accommodations. Please be as specific as possible.									
Plea	ase indicate if you ha	ve any dietary restrictions	or special re	quests.						
Q	uestions									
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Pro	gram questions can l	oe directed to Tecoria Jone	es at <u>scic@n</u>	nailbox.sc	<u>.edu</u> .					
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Plea	ase complete the pa	ayment information below	w and mail t	his regis	tration form	with your p	ayment to:			
		treet, Suite 591	posium							
OR										
You	may fax your regis	stration form to 803-777-2	2663.							
	e all methods of pay r account number an	ment payable to the: Univ d sign below.	ersity of So	uth Caro	lina . If you wi	sh to charge	e your fees, enter			
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PLEASE PRINT: Note: The charge on your credit card statement will appear from the University of South Carolina.										
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Car	dholder Signature:					Date:				

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

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