

Rivers Bend AEYC Coffee Talk Registration Form

Registration Information

Name: _____

Address _____

City, State, Zip _____

Phone: _____

Email address _____

Work Affiliation _____

NAEYC Member _____ YES _____ NO

If yes, Member Number _____ Expiration date _____

(member information will be verified through NAEYC)

I wish to attend the following Coffee Talk

_____ Emotional Development of the Child (U City's Children's Center)

_____ Professional Development: Your Future, Your Responsibility (South Co Baptist Church)

_____ Social Studies in the Early Education Classroom (South Co Tech High School)

Fees Due: _____

Method of payment: Check ___ Electronic Check ___ Credit Card ___