



Out-of-State Residents Registration Form: SCPITC Advanced Training March 3 and 4, 2014

*Registration begins Monday at 10:30 a.m.
The final meeting ends Tuesday at noon.*

Please send your completed enrollment form, with payment, by February 7, 2014. We will accept checks and purchase orders. Make check or purchase order payable to the University of South Carolina. Mail your enrollment form, with payment, to:

**SCPITC Advanced Training
USC Child Development Research Center
1530 Wheat Street, Ste. 220A
Columbia, SC 29201**

Send your application now to reserve your space! We hope to accept all who apply, but if the number of registrations exceeds our capacity, South Carolina registrations will have priority over out-of-state registrations and applicants who have achieved PITC certification will have priority over those who are not certified. Please contact Janelle Beamer if you have any questions: jbeamer@sc.edu (preferred) or 803-777-2109.

Personal Information:

Name: _____ Nickname for Nametag: _____
Job Title: _____ Email: _____
Direct Phone: _____ ext: _____ Mobile Phone: _____
Fax: _____

Home Address: Please note that this will be used as your mailing address.

Address: _____
City: _____ State: _____ Zip: _____
County: _____
Home Phone: _____ Home Fax: _____

Organization Information: Your name and organization information will be included in the participant list, which will be distributed to the attendees at the conference.

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____ www address: _____
Main Phone: _____ ext: _____ Main Fax: _____

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Your Name: _____

Advanced Training Registration:

Out-of-State residents:

\$225 Registration Fee and Accommodations

(includes registration costs, double occupancy room, meals and conference materials but does not include hotel parking fee).

Hotel Accommodations – Please note that the Conference Coordinator will reserve all hotel rooms. You should not contact the hotel directly for reservations.

Double Occupancy:

- I am requesting to room with: _____
(Name of Person)
- I do not have a particular roommate request. Please match me with a roommate based on the following:

I am: *Female* or *Male* *Early To Bed* or *Night Owl* *I snore* *I smoke*

Single Occupancy: A very limited number of single rooms are available on a first-come, first serve basis. Every effort will be made to accommodate single room requests. If a single room is not available you will be notified and the additional fee will be reimbursed to you.

If a single room is available, I will pay the single room fee of \$165 plus the \$140 registration fee for a total of \$305, which I will include with my completed registration form.

I am requesting a single room in the conference hotel. If one is not available in the conference hotel, I will make arrangements for my own hotel accommodations as needed.

No Hotel Accommodations Needed

All participants must pay the registration fee: \$140.

Cancellation Policy:

We cannot offer refunds on the registration fee, but substitutions will be accepted.

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Your Name: _____

PAYMENT:

Check/PO enclosed (**Make checks payable to the University of South Carolina.**)

Amount enclosed: \$ _____

Please return completed registration form with method of payment to:

SCPITC Advanced Training
USC Child Development and Research Center
1530 Wheat Street, Ste. 220A
Columbia, SC 29201

Our Federal Tax I.D. number is 57-6001153.

Additional Information:

I require a wheelchair-accessible room.

I have special dietary needs: _____

Please list any other accommodations that are necessary to enable you to participate fully in the conference:

REGISTRATION DUE DATE:

Enrollment form and payment must be received by **February 7, 2014**. Register early! Limited spaces are available.

I have read and agree with the policies stated in this application.

(Registrant's Signature)

This event is sponsored by the SC Program for Infant/Toddler Care and coordinated through a partnership with the USC Yvonne & Schuyler Moore Child Development Research Center and the ABC Child Care Program.



The South Carolina
Department Of Social Services
ABC Child Care Program