



The San Diego Association for the Education of Young Children  
presents

## FALL CONFERENCE 2009

# Families Across Generations

**Saturday, October 17, 2009**

**WEST CITY CONTINUING EDUCATION CAMPUS (MIDWAY AREA NEAR SPORTS ARENA)**

3249 Fordham St. San Diego, CA 92110

Visit our website at [www.sandiegoaeyc.org](http://www.sandiegoaeyc.org) for directions and announcements.

### Conference Schedule

- 8:30 – 9:00 Registration, Continental Breakfast, Exhibits
- 9:00 – 10:00 Keynote Address by Featured Speaker
- 10:15 – 11:15 Workshop 1
- 11:15 – 11:45 Snacks and Networking with SDAEYC Committee Representatives
- 11:45 – 12:45 Workshop 2
- 12:45 – 1:00 Evaluation, Certificates, Drawings

***Approved for (3.5) SD CARES professional development hours.***

✂-----CUT HERE AND RETURN BOTTOM WITH PAYMENT TO SDAEYC-----✂

**EARLY REGISTRATION MUST BE POSTMARKED BY FRIDAY, OCTOBER 2, 2009.**

**FIRST 25 PARTICIPANTS TO REGISTER WILL RECEIVE A GIFT!**

Name \_\_\_\_\_ Email \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Evening Phone \_\_\_\_\_

- NAEYC Member: \$35
- Currently Enrolled Student: \$20\*\*
- Non-member \$40
- Group (5 or more): \$25 per person (Please include list of names with registration.)

**On-site registration: \$40 for all**

*Continental breakfast and snacks included in registration fee.*

**MAKE CHECK PAYABLE TO SDAEYC – Your cancelled check is your receipt. NO REFUNDS.**

*THIS CONFERENCE IS FOR ADULTS ONLY – NO CHILDREN PLEASE.*

**\*\*STUDENTS:** Verification of Fall Enrollment or Instructor's Signature **MUST** accompany this registration form.

\_\_\_\_\_  
Child Development Instructor's Signature and Printed Name

\_\_\_\_\_  
College of Attendance

***We are seeking a limited number of volunteers to help at the conference in exchange for free admission. If you are interested, please contact Berta Harris at 619-388-3877 for further information.***

Non-member, please check: <input type="checkbox"/> Early Childhood Educator <input type="checkbox"/> Parent <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Student <input type="checkbox"/> Administrator	<b>MAIL PAYMENT AND REGISTRATION TO:</b> <b>Sara Hernandez</b> <b>3682 Harvard Drive</b> <b>Oceanside, CA 92056</b> <b>Questions: 858-273-1773</b> <b>EARLY REGISTRATION POSTMARKED</b> <b>BY <u>OCTOBER 7, 2009.</u></b>	For Office Use Only  Ck/MO# _____ Date Rec'd _____ CE: _____
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