

17th Annual

Raising The Bar



CHILDREN'S HARBOR Since 1991

a Regional Early Childhood Conference

Saturday, November 4th, 2023

Norfolk, VA

CONFERENCE REGISTRATION FORM

Our Valued Partners:



Virginia Association for the Education of Young Children



Preparing Families from conception to kindergarten



Southeastern



Caring About Our Community's Well-Being



Leading the way for a successful life.



EARLY CHILDHOOD DEVELOPMENT COMMISSION



CHILDREN'S HARBOR READY REGION SOUTHEASTERN "Advancing Excellence in Early Care"

Office Use Only

REG #

C S V

Registration Questions ?

Call: (757) 399-1337

Email: training@childrensharbor.org

Directions: Please type or print clearly. Complete a separate form per registrant. Feel free to make copies.

First Name

Last Name

Home Address

City

State

Zip Code

Center/Business/Organization Name

Contact Number (daytime)

*Email Address

Food Allergies/Dietary Needs

(*Email Address Required: Only one (1) email address per registrant. No duplicates, please.)

Infant/Toddler (Birth-3 years)

Preschool (3-5 years)

Before/After School Age

Home Care Provider

Faith Based

Head Start/VPI

Director/Administrator / Principal

VQB5/ Subsidy

Other

Ask about our Director & Family Home discounts, and other possible savings!

Please indicate all that apply:

- CH Staff CH-PPC Member
- NAEYC/VAAEYC/SECOVA Member
- Student (w/ID) Public School Staff



Please Check One:

Early Bird Registration

Deadline: 10/16/23

Pre-Registration

Deadline: 11/1/23

On-Site

Member

Not sure? We can check for you!

\$40.00

\$55.00

\$70.00

NON-Member

\$50.00

\$65.00

\$80.00

Please make your CHECK or MONEY ORDER payable to: Children's Harbor
Credit Card Payments are accepted. Fees may apply.

Your RTB Conference Registration includes:

Over 5 Training Hours, Certification of Attendance, Morning Snack & Lunch, Networking & Door Prizes !

Note: You will NOT receive a confirmation of your registration.

FOR REGISTRATION OFFICE USE ONLY

Date Received (Stamp)

Purchase Order #:

Number of Forms:

of

Check #:

Receipt #:

Amount Paid:

Initials/ Date: