

Five States, One Mission:

To Promote Children's development through services that support early learning, health and family wellbeing.

Region 6/Louisiana Head Start Association 2018 Conference Registration Form

Agency Name: _____ Individual Name: _____

Position: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Head Start Director: _____

Registration

Conference Fees are:

Registration \$250.00 early bird before April 15, 2018

Regular Registration \$350, begins April 16, 2018

BOGO SALE! PARENTS ONLY! REGISTER 2 PARENTS FOR PRICE OF ONE!

Please Check All that Apply

Early Bird registration (postmarked by April 15, 2018) Number of Participants: _____

Regular Registration Number of Participants: _____

Total Amount Enclosed \$ _____ Date: _____

Signature: _____ (please also complete the attached participant spread sheet)

Mail To: Louisiana Head Start Association

P.O. Box 5812

Alexandria, Louisiana 71307

(NO Personal Checks, NO Purchase Orders Accepted as Payment)

We will accept company checks, certified checks, or money orders

Please, do not write below this line ↑

Date Received: _____ Card Issued Yes No

Verification Signature

Date

CONFERENCE PARTICIPANT REGISTRATION LIST

(PLEASE ATTACH TO REGISTRATION FORM ALONG WITH METHOD OF PAYMENT)

AGENCY NAME: _____

DIRECTOR NAME: _____

PARTICIPANT NAME	PARTICIPANT JOB TITLE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	