Mid-South District Early Childhood Conference July 10-11, 2017

Faith Lutheran Preschool 507 New Byhalia Road Collierville, TN 38018



Email: _

REGISTRATION FORM AND PAYMENT

Mail To:

ECE Conference
Mid-South District Office
1675 Wynne Rd.
Cordova, TN 38016-4905

(901-373-1343) (866-373-1343 toll free) (Fax: 901-373-4826)

| Dates: Monday – Tuesday, July 10-11, 2017 | | | |
|--|--|-------------------------|--|
| Name of School | | | |
| School Address/State | | | |
| Director | rectorDirector's email | | |
| Names of Staff Members Attending the Conference 1. | Class they teach or assist | Total Years Teaching | |
| 2. | | | |
| 3 | | | |
| 4 | | <u> </u> | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| If you need to add more n | names of staff attending the conference, | | |
| please conti | inue on the back side. | | |
| Registration = \$45 per person (deadline June 2 | S: (Make check payable to: Mid-South District) 23, 2017) NO REFUNDS after Juriscount for attending one day) | ne 30, 2017 | |
| Registration covers program cost | ts, Monday's lunch, snacks and refreshments. | | |
| Total number attending x \$4. | .5.00 = Total Enclosed \$ | | |
| Form filled in by: | Date: | | |

| Names of Staff Members Attending the Conference | Class they teach or assist | Total Years Teaching |
|--|---------------------------------------|-------------------------|
| 8 | | |
| 9. | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| 16 | | _ |
| 17 | | _ |
| 18 | | _ |
| | | _ |
| 19 | | _ |
| 20 | | _ |
| 21 | | |
| 22 | | |
| 23 | | |
| 24 | | |
| 25. <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| 26 27. | • | |
| | | |
| 28 | | |
| 29 | | _ |
| 30 | | _ |
| 31 | | _ |
| 32 | | - |
| 33 | | |
| 34 | | |
| 35 | | |
| 36 | | |
| 37 | | |
| 38 | | |
| 39 | | |
| 40 | | |