



REGISTRATION FORM

M.O.Y.C.® 2010 Conference

ALL MAILED REGISTRATIONS MUST BE RECEIVED NO LATER THAN APRIL 9, 2010(FOCUS SESSIONS ARE ADDITIONAL COST OF \$40.00 PER SESSION) Lunch not included in focus session prices.

Please print or type to assure accuracy:

Name _____ Phone(H/C) _____

Address _____ City/State/Zip _____

E-mail _____

Place of Employment _____ Phone(W) _____

If a student: School or College _____

REGISTRATIONS MUST BE POSTMARKED BY Friday, APRIL 9th, 2010

I. CONFERENCE REGISTRATION FEES (Includes Continental Breakfast & Catered Lunch) - Please check space below.

Registration Fees: (postmarked by Friday, April 9, 2010)

4C MEMBER – STUDENT/SENIOR ONLY
 \$60.00

4C MEMBER
 \$65.00

NON-MEMBER
 \$70.00

Student ID #: _____

Late Registration Fees: (postmarked After April 9, 2010)

4C MEMBER – STUDENT/SENIOR
 \$80.00

4C MEMBER
 \$80.00

NON-MEMBER
 \$80.00

**CASH, MONEY ORDERS, OR BUSINESS CHECKS WILL BE ACCEPTED FOR PAYMENT,
NO PERSONAL CHECKS(Focus Session Registrations)**

II. Please Check All That Apply: **AM FOCUS SESSION ONLY \$40.00** _____

I Will be present for lunch: _____ **PM FOCUS SESSION ONLY \$40.00** _____

Vegetarian Lunch Requested: _____ **TOTAL PAYMENT ENCLOSED:\$** _____

RETURN FORM WITH PAYMENT MADE PAYABLE TO: DETROIT/WAYNE COUNTY 4C

MAIL TO:

Child Care Coordinating Council of Detroit/Wayne County, Inc.
 2151 E. Jefferson Ave., Suite 250
 Detroit, Michigan 48207

Attn: 2010 MOYC Conference Registration

4C Office use only:

Date Received: _____ Post Mark Date: _____ Reg. Number # _____

Payment Type: Cash Money Order Business Check Amount Pd. \$ _____

Business Check/Money Order Number: _____

MAKE ADDITIONAL COPIES AS NEEDED