



Early Learning Advocacy Day May 24, 2017

Capitol Event Center
1020 11th Street • Sacramento, CA 95814

PLEASE JOIN US IN ADVOCATING FOR OUR STATE'S YOUNGEST LEARNERS!

Join with other early care and education advocates for the 2017 Early Learning Advocacy Day. Registration fee of \$45 includes keynote presenter, education, breakfast snacks and lunch, followed by legislative visits.

This all-day event will provide participants with the opportunity to meet with state legislators, network with other early learning advocates and learn about critical policy issues.

REGISTRATION INFORMATION – FILL IN ALL FIELDS (please print)

Name _____

Are you a member of (check all that apply):

- | | | | |
|--|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> CAEYC | <input type="checkbox"/> CCDA | <input type="checkbox"/> CCCCA | <input type="checkbox"/> Children Now |
| <input type="checkbox"/> CCCRRN | <input type="checkbox"/> CHSA | <input type="checkbox"/> CAPP | <input type="checkbox"/> Early Edge California |
| <input type="checkbox"/> First 5 Association of California | <input type="checkbox"/> PACE | <input type="checkbox"/> CQEL | |

Organization/Agency Name _____

Address where you are registered to vote: Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email _____

Your State Assemblymember _____

Your State Senator _____

- | | |
|--|---|
| <input type="checkbox"/> YES, I would like to participate in legislative visits | <input type="checkbox"/> NO, I would not like to participate in legislative visits |
| <input type="checkbox"/> YES, I would like to be a legislative visit team leader (more info to come) | <input type="checkbox"/> NO, I would not like to be a legislative visit team leader |

Special Needs: Sign language interpreter* Wheelchair access Vegetarian Other

*Sign Language Interpreter—Request must be made at least three weeks prior to the event.

PAYMENT INFORMATION – Registration Fee: \$45 (Registration deadline: May 17, 2017)

Payment by credit card may be faxed with this form to CAEYC at (916) 486-7765. Payment by check must be mailed with this form.

Check # (Payable to CAEYC) _____

Card # _____ Security Code* _____ VISA MasterCard Discover

Cardholder Name _____ Exp. Date _____

Card Billing Street Address _____

City, State, Zip _____

Authorized Signature _____ Date _____

*Security code is the last three digits on back of card, found on signature line.

REGISTER ONE OF THREE WAYS! Payment must be submitted with registration.

Register online at www.caeyc.org

Fax this form to (916) 486-7765

Mail this form to CAEYC, Attn: ELAD Registration • 950 Glenn Drive, Suite 150 • Folsom, CA 95630

Questions? Contact CAEYC at
(916) 486-7750 or info@caeyc.org.

