HONOR AN EARLY CHILDHOOD EDUCATOR

Honoree Nomination Form - Submission Deadline: March 30, 2018



Please provide the following information for your honoree. Reception information will be sent to your honoree. If you wish to honor more than one educator, please copy this form and provide all necessary information for each honoree.

Go green and save time! Honor Your Educator online. Visit www.caeyc.org.

NOMINATOR INFORMATION (please type or print)	
Name	
Ema	ilPhone
Mailing Address	
City, State, Zip	
	Yes, I plan to attend the reception at KidSpace Children's Museum, on April 19, 2018, and wish to honor the individual below.
	Sorry, I am unable to attend the reception at KidSpace Children's Museum, on April 19, 2018, but wish to honor the individual below.
HONOREE INFORMATION (please type or print)	
Name	
Email (required)	
Mailing Address	
City, State, Zip	
Phone	
Reason for Honor (attach separate form if needed; 350 word limit)	

For questions, contact CAAEYC at (916) 486-7750 or info@caeyc.org.





Is there an educator you wish to honor who has made a difference in your life or the lives of others (teacher, caregiver, parent)? Honoring an educator is a genuine and caring way to create a legacy of recognition for Early Childhood Educators who transform lives every day.

Each honoree receives a congratulatory letter and certificate. The name and bio of the honoree and the nominator will be placed on the CAAEYC website as well as published in a future issue of CAAEYC's Connections journal.

Nominator and Honoree will receive complimentary invitations to the *Honor an Early Childhood Educator* reception at the KidSpace Children's Museum, inconjunction with the 2018 CAAEYC Annual Conference & Expo in Pasadena, CA.

Event Date: Thursday, April 19, 2018 • Time: 6:00pm - 9:00pm

Proceeds directly support NAEYC/CAAEYC standard level membership scholarships for ECE professionals or other qualifying related fields.

HONOR AN EARLY CHILDHOOD EDUCATOR - Individual \$100 per honoree (please attach Honoree Nomination Form for each person you wish to honor) How many individuals do you wish to honor? PAYMENT [4555-000-00] Total Amount Enclosed \$ (\$100 per honoree) Check # (Payable to CAEYC) Card # □ VISA □ MasterCard □ Discover Security Code (last three digits on back of card, found on signature line) Cardholder Name Exp. Date Card Billing Street Address City State Zip **Authorized Signature** Date

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