

Seize the Moment

FOR CALIFORNIA'S
YOUNGEST CHILDREN

Early Learning Advocacy Day
March 1, 2018

ELAD Meeting Location

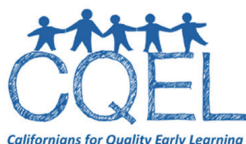
California District Attorneys Association • Sacramento, CA

**Join with Other Early Care and Education Advocates
for Early Learning Advocacy Day!**

*Confirmed: Senator Connie Leyva and
Kristin Schumacher, California Budget & Policy Center*



CH1LDREN NOW



*Registration fee (\$50) includes keynote presenter, education,
morning snacks and lunch, followed by legislative visits.*



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ELAD Meeting Location
California District Attorneys Association

REGISTRATION FORM

Please print clearly or type form. Complete one form for each registrant. Copy this form if signing up multiple registrants.

Name _____

Organization/Agency Name _____

Address where you are registered to vote: Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email _____

Special Needs: ☐ Sign language interpreter* ☐ Wheelchair access ☐ Vegetarian ☐ Other

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

ARE YOU A MEMBER OF (check all that apply):

- | | | | | | |
|---------------------------------|-------------------------------|--|---------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> CAAEYC | <input type="checkbox"/> CCDA | <input type="checkbox"/> CCCC | <input type="checkbox"/> CCRC | <input type="checkbox"/> Children Now | <input type="checkbox"/> CHSA |
| <input type="checkbox"/> CAPP | <input type="checkbox"/> CQEL | <input type="checkbox"/> First 5 Association of California | <input type="checkbox"/> OCAEYC | <input type="checkbox"/> RRNetwork | |

LEVEL OF ADVOCACY EXPERIENCE:

- ☐ Less than 1 year ☐ 1-5 years ☐ More than 5 years

LEGISLATIVE APPOINTMENT INFORMATION:

Your State Assembly Member _____

Your State Senator _____

Do you have a relationship with other legislators or their staff members? If yes, who? _____

Is there a legislator you would like to visit? If yes, who? _____

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

PAYMENT INFORMATION — Registration Fee: \$50 (Registration deadline: February 22, 2018)

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

Check # (Payable to CAAEYC) _____

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.*

- 1 Register online at www.caeYC.org (coming soon!)
- 2 Fax this form to (916) 486-7765
- 3 Mail this form to CAAEYC, Attn: ELAD Registration • 950 Glenn Drive, Suite 150 • Folsom, CA 95630

**Questions? Contact CAAEYC at
(916) 486-7750 or info@caeYC.org.**

