

Group Name: _____

Name of Person registering Group: _____ Contact Number: _____

Address: _____

Groups 10 to 49: \$120/person Groups 50+: \$115/person If paying by check: _____ Check MUST be received by 8/31/2026

Payment Information: Credit Card Information: # _____ Exp Date: _____ CVS Code: _____

Billing Address of Credit Card if different then above: _____ Same as Address Above: _____

Saturday, September 19, 2026 Workshop Information:

[illegible]

Special Notes:

Lunch Choices: Tuna Salad Wrap, Chicken Salad Wrap, Turkey Wrap, Ham Wrap, Roast Beef Wrap, Veggie Wrap, or Garden Salad with Grilled Chicken (gluten free option)

All Sessions can be found at: <https://mdearlychildhoodconference.com/breakout-sessions/>

Under each session, have everyone choose their first choice, then a second choice for the workshop they would like to attend. We have a high interest in the conference and expect sessions to fill up quickly.

Example of Session choices: Session 1: 1B; Session 2: 2D;

* Rates: Groups of 10 to 49 will be charged: \$120 per person. Groups of 50 or more will be charged \$115 per person. **Group discount cannot be combined with any other discounts or sales.**

Questions: email Holly Starliper: mdearlychildhoodconference@gmail.com or call: 301-733-0000

