

2019 OAELP Fall Conference Registration Form

_____ New Member _____ Renewal _____ New Contact Information

NAME _____ POSITION _____

PROGRAM NAME _____

ADDRESS _____ CITY _____ ZIP _____

COUNTY _____ EMAIL _____

Personal # () _____ Work # () _____

OF STUDENTS _____ QRIS/Accreditation _____

1. Yes, I will renew/join OAELP and enjoy a discounted rate for this conference!

_____ 1 year Membership \$25.00

_____ 2 year Membership \$45.00

2. Conference (Includes cost of food for conference participants)*Conference fee reduced through a grant from Oregon's Early Learning Division.

_____ OAELP Member \$69.00

_____ Non Member \$99.00

3. Scholarship Award **limited to the first 20 scholarship vouchers received*

_____ Betty Gray Scholarship \$ 30.00

4. Payment due (1 plus 2 minus 3!)

_____ Total Amount Enclosed

_____ Check _____ Purchase Order _____ Credit Card _____

Email your Completed Registration Form and Scholarship documentation
(if applicable) to support@earlylearningprofessionals.com

Questions? Call Trish at 503-997-3528

**Make Checks payable to OAELP and mail to: PO Box 7632 Salem, OR 97303
If paying by credit card, email registration form and call for payment info.**