## 2020 REGISTRATION FORM

### 50th ANNUAL NBCDI CONFERENCE • OCTOBER 31 – NOVEMBER 2, 2020 • WASHINGTON, DC

Last Name ___________________________ First Name ___________________________

(Only one registration form per application will be accepted.)

Title ___________________________ Organization ___________________________

Address _____________________________________________________________

City/State/Zip ___________________________

Office Phone ___________________________ Cell Phone ___________________________

Fax ___________________________ E-mail *(Required) ___________________________

### Option 1

<table>
<thead>
<tr>
<th></th>
<th>Early (6/10/2020)</th>
<th>Advance (8/10/2020)</th>
<th>Onsite</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBCDI Member</td>
<td>$250</td>
<td>$325</td>
<td>$375</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$325</td>
<td>$400</td>
<td>$450</td>
</tr>
<tr>
<td>Student Member</td>
<td>$175</td>
<td>$250</td>
<td>$300</td>
</tr>
<tr>
<td>Student Non-Member</td>
<td>$225</td>
<td>$300</td>
<td>$350</td>
</tr>
</tbody>
</table>

Multiple (5 or More) Registration Discount, Subtract 3% Here

**NBCDI Membership – JOIN NOW!**

Individual

- Student $25 (Student ID Required)
- Regular $40

Organization

- Non-Profit $250
- Corporation $500

**Welcome Reception and Closing Breakfast are included in this option.**

### Training Seminars

- **Promoting Healthy Practices in Early Childhood:**
  - Good for Me! Facilitator Training $250 (30 Participant Limit)

### Special Events**

- **50th Anniversary Gala at the National Museum of African American History & Culture (Friday)**
  - # of Tickets ______ x $150 $ ________

- **50th Anniversary Founder’s Tea (Sunday)**
  - # of Tickets ______ x $100 $ ________

- **Closing Breakfast (Monday)**
  - # of Tickets ______ x $65 $ ________

- **Closing Breakfast (Monday) (Children 12 & Under)**
  - # of Tickets ______ x $50 $ ________

**Ticketed event prices are subject to change.**

### Method of Payment

- Company Check (Payable to NBCDI)
- *NBCDI does not accept personal checks.*
- Credit Card
  - MasterCard
  - Visa
  - AMEX

Card # ___________________________

Name (Print as it appears on the card.) ___________________________

Exp. Date CVV Code ___________________________

**MAIL FORM AND PAYMENT TO:**

NBCDI Annual Conference
8455 Colesville Road
Suite 910
Silver Spring, MD 20910

Phone: 202.833.2220

**OPTION 1 TOTAL $ ____________

**OPTION 2 TOTAL $ ____________

**OPTION 3 TOTAL $ ____________

**GRAND TOTAL $ ____________