



# SC Residents Registration Form: South Carolina PITC Advanced Training March 8<sup>th</sup> and 9<sup>th</sup>, 2012

*Registration begins Thur. at 2:00 & the final meeting ends Fri. at 4:00*

Please send your completed enrollment form, with payment, by **January 15, 2011**. We will accept checks and purchase orders. Make check or purchase order payable to the University of South Carolina. Mail your enrollment form, with payment, to:

South Carolina PITC Advanced Training  
University of South Carolina  
Child Development Research Center  
1530 Wheat Street, Ste. 220D  
Columbia, SC 29201

Send your application now to reserve your space! We hope to accept all who apply, but if the number of registrations exceeds our capacity, South Carolina registrations will have priority over out-of-state registrations and applicants who have achieved PITC certification will have priority over those who are not certified. Please contact Jillian Peltzman if you have any questions: [peltzman@mailbox.sc.edu](mailto:peltzman@mailbox.sc.edu) (preferred) or 803-777-2136

## Personal Information:

Name: \_\_\_\_\_

Nickname for Nametag: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Home Address:** Please note that this will be used as your mailing address.

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

**Organization Information:** Your name and organization information will be included in the participant list, which will be distributed to the attendees at the conference.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

www address: \_\_\_\_\_

Main Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Main Fax: \_\_\_\_\_

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Your Name: \_\_\_\_\_

**Advance Training Registration:**

**South Carolina residents:**

\$70 Registration Fee  
(includes double occupancy room, meals and conference materials but does not include hotel parking)

**Hotel Accommodations – Please note that the Conference Coordinator will reserve all hotel rooms. You should not contact the hotel directly for reservations.**

**Double Occupancy:**

- o I am requesting to room with: \_\_\_\_\_  
(Name of Person)
- o I do not have a particular roommate request. Please match me with a roommate based on the following:

I am: *Female* or *Male*      *Early To Bed* or *Night Owl*      *I snore*      *I smoke*

\* Please note the Francis Marion is a non-smoking Hotel. Smoking is not permitted in any rooms.

**Single Occupancy:** A very limited number of single rooms are available on a first-come, first serve basis. Every effort will be made to accommodate single room requests. If a single room is not available you will be notified and the additional fee will be reimbursed to you.

- o If a single room is available I will pay the single room fee of \$165 plus the adjusted \$50 registration fee for a total of \$215 which I will include with my completed enrollment form.
- o I am requesting a single room in the conference hotel. If one is not available in the conference hotel I will make arrangements for my own accommodations. I will pay the adjusted registration fee of \$50.

**No Hotel Accommodations Needed**

*Adjusted registration fee (no hotel): \$50*

**Cancellation Policy:**

**We cannot offer refunds, but substitutions will be accepted.**

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Your Name: \_\_\_\_\_

**PAYMENT:**

Check/PO enclosed (**Make checks payable to the University of South Carolina.**)

Amount enclosed: \_\_\_\_\_

(If arranging payment will cause a delay in submitting your application by the posted deadline, please send your application via email [peltzman@mailbox.sc.edu](mailto:peltzman@mailbox.sc.edu) or fax 803-777-0549, with a note indicating the date that payment can be expected.)

Please return completed registration form with method of payment to:

South Carolina PITC Advanced Training  
University of South Carolina  
Child Development Research Center  
1530 Wheat Street, Ste. 220D  
Columbia, SC 29201

Our Federal Tax I.D. number is 57-6001153.

**Additional Information:**

I require a wheelchair-accessible room.

I have special dietary needs (include All preferences please):  
\_\_\_\_\_

Please list any other accommodations that are necessary to enable you to participate fully in the conference:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION DUE DATE:**

Enrollment form and payment must be received by **January 15<sup>th</sup>**. Register early! Limited spaces are available. Please return all three pages of application.

I have read and agree with the policies stated in this application.

\_\_\_\_\_  
(Registrant's Signature)

*This event is sponsored by the SC Program for Infant/Toddler Care and coordinated in partnership with the USC Yvonne & Schuyler Moore Child Development Research Center, and the ABC Child Care Program.*



The South Carolina  
Department Of Social Services  
**ABC** Child Care Program