

**South Carolina Association of Early Care and Education
2025 Conference Registration Form**

To mail your registration, please complete the form below and return to SCAECE with payment. Please print all information. Use an additional form if registering more than 20 participants.

To register online go to <http://www.scaece.com/annual-conference>

Center/School Name: _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ Email _____

Attendee Names (Please Print Legibly)	Attendee Breakout Selection (required to participate) (insert the number of the breakout on program)
1. Scholarship Received Only _____	_____
2. Scholarship Received Only _____	_____
3. Scholarship Received Only _____	_____
4. Scholarship Received Only _____	_____
5. Scholarship Received Only _____	_____
6. Scholarship Received Only _____	_____
7. Scholarship Received Only _____	_____
8. Scholarship Received Only _____	_____
9. Paid Registration _____	_____
10. Paid Registration _____	_____
11. Paid Registration _____	_____
12. Paid Registration _____	_____
13. Paid Registration _____	_____
14. Paid Registration _____	_____
15. Paid Registration _____	_____
16. Paid Registration _____	_____
17. Paid Registration _____	_____
18. Paid Registration _____	_____
19. Paid Registration _____	_____
20. Paid Registration _____	_____

Early registrations must be postmarked by 2/1/25 to avoid paying late registration fees. No Refunds will be issued.

Before February 1, 2025

Members	Non-members
\$100.00	\$125.00

After February 1, 2025

Members	Non-members
\$125.00	\$145.00

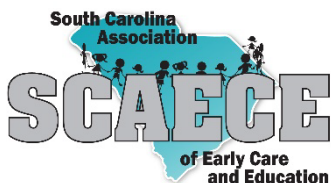
of Attendees _____ x _____ = Total Amount Owed \$ _____

I am paying with a check credit card Visa MasterCard Amex

Credit Card Number _____ Expiration Date _____

Name on Card _____

Signature _____ Security Code _____



Mail Payment to:
SCAECE
1 Windsor Cove, Suite 305
Columbia, SC 29223
(803) 252-5646

Email Payment to:
cwaldrup@pmpamc.com