

TN UMAP CHILD CARE MINISTRIES CONFERENCE Presents:

"Planting a Rainbow"

MARCH 4, 2017

FIRST UNITED METHODIST CHURCH 415 W MAIN ST., LEBANON

Tennessee United Methodist Association of Preschools is handling all registrations.

Registration Form
(Permission to copy)

Name of School: _____

Name or Names of those attending: (Place * by name of those attending Director's Day and "L" if you will also be having lunch with directors)

Four sets of horizontal lines for listing attendees.

School / Individual Address _____

City _____ Zip _____ Phone _____

Email Address (if applicable): _____

(Registration will be confirmed via email)

Table with 4 columns: UMAP MEMBERS (Early Bird)*, After Feb 17, NON MEMBERS (Early Bird)*, After Feb 17. Rows include Conference / Director's Day*, CPR or First Aid (circle one), and Both CPR and First Aid. Includes Total Amount Enclosed fields.

Make checks payable to: TnUMAP

_____ Check if a group receipt is requested to be emailed.

Mail to: TnUMAP
PO BOX 1474
Hendersonville, TN 37077-1474

*Registration must be postmarked by February 17, 2017 for Early Bird Discount

By submitting this registration, I give permission to be photographed during the conference and for those photos to be used by UMAP TN for advertising on website and other documents.

There will be no charge for Make and Takes.

You will not need to register for individual workshops. Those will be on a first come, first serve basis the day of the event! **Keep this form, do not send with registration.** Make a copy for each participant to use the day of conference.

Worksheet Workshop Choices

Use this form below to list which workshops you will want to attend. **Bring this form with you to help you navigate throughout the day.** Please be sure you include the location for each workshop.

	1 st Choice	2 nd Choice	3 rd Choice
Session 1:	_____	_____	_____
Session 2:	_____	_____	_____
Session 3:	_____	_____	_____
Session 4:	_____	_____	_____
Session 5:	_____	_____	_____
First Aid :	_____	_____	
CPR :	_____	_____	

(Remember if First Aid or CPR workshop 1 is chosen then choose sessions 2 with lunch A, 3, and 4. If First Aid or CPR workshop 2 is chosen then choose sessions 1, 2 with lunch B.)

Schedule for the Day:

7:00 Check-In Begins
 7:45 Gather in Sanctuary
 8:00 Keynote (1 hr. of continuing education)
 9:10 Session 1
 10:20 Session 2
 If you are attending a workshop in Session 3A: (Lunch Before Session) 7:00
 11:20 Lunch A 7:45
 11:50 Discovery Time 8:00
 12:20 Session 3A 9:10
 If you are attending a workshop in Session 3B: (Lunch After) 11:30
 11:30 Session 3B 11:30
 12:30 Lunch B 12:30
 1:00 Discovery Time 3:40
 (Discovery Time participation allows for 30 min. of continuing education.)
 1:30 Session 4
 2:40 Session 5

CPR/First Aid Schedule:

7:00 Check-In Begins
 7:45 Gathers in Sanctuary
 8:00 Keynote
 9:10 1st Session Begins
 11:30 1st Session Ends and Lunch
 12:30 2nd Session Begins
 3:40 2nd Session Ends