

TN UMAP CHILD CARE MINISTRIES CONFERENCE Presents:



**Spaces and Places**

March 2, 2019

First United Methodist Church  
415 West Main St, Lebanon

**Registration Form**

(Permission to copy)

Name of School: \_\_\_\_\_

Name or Names of those attending: (Place \* by name of those attending Director's Day)

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

School / Individual Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

(Registration will be confirmed via email)

UMAP MEMBERS (Early Bird)*		After Feb 15		NON MEMBERS (Early Bird)*		After Feb 15	
_____x \$35	Conference / Director's Day*	_____x \$40		_____x \$40	Conference / Director's Day*	_____x \$45	
_____x \$45	CPR or First Aid (circle one)	_____x \$50		_____x \$50	CPR or First Aid (circle one)	_____x \$55	
_____x \$65	Both CPR and First Aid	_____x \$70		_____x \$70	Both CPR and First Aid	_____x \$75	
<b>\$ _____ Total Amount Enclosed</b>				<b>\$ _____ Total Amount Enclosed</b>			

Make checks payable to: **TnUMAP**

\_\_\_\_\_ Check if a group receipt is requested to be emailed.

Mail to: **TnUMAP**  
115 Dorcas Dr  
Hendersonville, TN 37075

**\*Registration must be postmarked by February 15, 2019 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.