5th Annual

Addressing Challenging Behavior

National Training Institute on Effective Practices
Supporting Young Children’s Social/Emotional Development

This is not your typical conference! Come to Florida for intensive workshops where you can expect practical strategies for supporting a positive approach to social emotional development. Get real solutions to behavior challenges in early childhood settings!

Hurry! Space is Limited

Sheraton Sand Key Resort
Clearwater Beach, Florida
April 2 - 5, 2008

For more about sessions, presenters and travel, go to: www.addressingchallengingbehavior.org or call (406) 543-0872 or email nti@dec-sped.org

Sponsored by

Center for Evidence-Based Practice: Young Children with Challenging Behavior

Center on the Social and Emotional Foundations for Early Learning

Partners
Registration Form

First Name: ___________________________ Last Name: ___________________________

First name as you’d like it on your nametag: ___________________________

Agency/Institution: ________________________________________________________

Address: ________________________________________________________________

City: ___________________________ State/Province: ___________________________

Zip Code: ______________-_________ Country: ________________________________

Phone: (____) __________ Fax: (____) __________

Email (required for confirmation): __________________________________________

Institution Fees:
Registration Fee
(includes all sessions, materials, breakfast, lunch & special events)

☐ $195 if received before Feb. 22, 2008
☐ $275 if received after Feb. 22, 2008
☐ $40 (optional) CEU Fee

Total Fees Paid: _________________________________________________________

Payment Information:

☐ Check (make payable to DEC)
☐ Purchase Order (attach PO #: ____________________________________________)
☐ Credit Card: ☐ Visa ☐ Mastercard

Expiration Date: __________/__________

Cardholder’s Name: ______________________________________________________

Cardholder’s Signature: __________________________________________________

Credit Card Billing Address: (if different from above)

________________________________________________________

Your Primary Role
(check one)

☐ Parent or Family Member
☐ Early Intervention
☐ Preschool Special Education/619
☐ Head Start
☐ Early Head Start
☐ Mental Health Specialist
☐ Child Care Center
☐ Family Child Care Home
☐ Physical/Occupational Therapy
☐ Speech Therapy
☐ Health Care
☐ Student
☐ Administrator
☐ Higher Education Faculty
☐ K-12 Elementary
☐ Researcher
☐ Consultant/Trainer
☐ Other: __________________________

Association Membership:
(check all that apply)

☐ DEC
☐ NAEYC
☐ NACCRA
☐ NHSA
☐ NASEMHPO
☐ NABE
☐ Other: __________________________

Accommodations Needed:
Please tell us about any accessibility modifications you will need in order to participate in the Institute

____________________________________________________

Meal Preference: ☐ No Preference ☐ Vegan ☐ Vegetarian

Emergency Contact Name and Phone Number:

____________________________________________________

Mail to:
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c/o DEC
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Fax to: (406) 543-0887