|  |  |  |
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|  | 15th Annual SCSHSA Fatherhood Male Involvement Conference 2025May 5th – May 8th Sheraton Convention Center |  |
|   |  |  |
| Name   |   |  Position /Title  |  |  |
| Agency/Company   |  |  |  |  |
| Office Mailing Address  | City  | State  | Zip Code  |
| ( )  | ( )  |  |

Office Telephone Office Fax

SCSHSA FATHERHOOD/MALE INVOLVEMENT ANNUAL TRAINING CONFERENCE

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head Start staff (Circle one): Y/N Head Start parent (Circle one): Y/N Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFERENCE REGISTRATION FEES ARE: $425.00 EARLY BIRD (JAN.31,2025)**

**REGULAR REGISTRATION- $450**

**LATE REGISTRATION- $475**

**ON-SITE REGISTRATION- $500**

**REGISTRATION FEES ARE NON-REFUNDABLE:**

**HOWEVER; FEES ARE TRANSFERABLE TO AN ALTERNATE ATTENDEE**

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Fee: \_\_\_\_\_\_\_\_***

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Fee: \_\_\_\_\_\_\_\_***

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Fee: \_\_\_\_\_\_\_\_***

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Fee: \_\_\_\_\_\_\_\_***

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Fee: \_\_\_\_\_\_\_\_***

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Fee\_\_\_\_\_\_\_***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Fee: \_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Fee: \_\_\_\_\_\_\_\_**

**TOTAL AMOUNT ENCLOSED CONFERENCE FEES\_\_\_\_\_\_\_**

 **FOR ALL PURCHASE ORDERS, AGENCY/COMPANY CHECKS MUST BE RECEIVED PRIOR TO OR AT REGISTRATION.**

|  |
| --- |
| **FOR SCSHSA USE ONLY:** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Chk #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PO# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Amt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_** **Name/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**RETURN COMPLETED FORMS ALONG WITH CHECKS OR MONEY ORDERS BY APRIL 18, 2025 TO:**

 **SC Head Start Association, Inc.**

 **Fatherhood/Male Involvement Training Conference**

 **Post Office Box 344, Greenville, SC 29602
 email: SCSHSA1@outlook.com**

**PLEASE NOTE ANY DIETARY RESTRICTIONS OR OTHER ACCOMMODATIONS REQUIRED FOR ALL REGISTERED CONFERENCE PARTICIPANTS BELOW:**

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