

Family Resource and Referral Center presents

*An early care and education conference
for those providing care to young children*



Cultivating the Seeds of Quality

FRRC is pleased to host the 2nd Annual Child Care Conference — an event offering workshop sessions targeting the needs of child care providers, preschool teachers, directors, parents, and student teachers in San Joaquin County.



Featuring keynote presenter Jeff A. Johnson
Child Care Professional, Speaker, and Author

Saturday, September 20, 2008

SJC Office of Education
Education Services Center
2707 Transworld Dr.
Stockton 95206

\$45.00

Registration information will be
available after August 1st at
www.frrcsj.org or by calling
(209)461-2913

For additional information, contact:
Adrienne Watkin ~ 461-2913
Rosanne Pitz ~ 461-2964



Join members of the child care community for a day of workshops and activities.

Professional Growth hours will be available.



Family
Resource & Referral
Center

Co-sponsored by: Local Child Care Planning Council @ San Joaquin County Office of Education
Central Valley Association for the Education of Young Children

Conference Registration



- ⑥ Register securely online using your credit card and receive instant confirmation.
- ⑥ Registration deadline: September 5, 2008. Register early! Space is limited to 300 participants.
- ⑥ If registering by mail or in person, complete one form per person. Photocopy form for additional registrants.
- ⑥ Registration fee is \$45.00 and must accompany registration when submitted. No purchase orders, please.
- ⑥ Registration includes admission to workshops, vendors, continental breakfast, lunch, and conference materials.
- ⑥ No refunds will be issued; substitutions will only be allowed with advance notification prior to day of event.

To Register: Go online to easily register and pay by credit card at www.frrcsj.org
OR mail/bring completed registration and payment to:

Family Resource & Referral Center
Attn: Conference Committee
509 W. Weber Ave, Suite 104, Stockton, CA 95203

First Name:		Last Name:	
Address:			
City and Zip:			
Email Address:		Cell Phone:	
Home Phone:		Work Phone:	
Employer:		Title:	
Which best describes you: <input type="checkbox"/> Director <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Exempt Provider <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____			

Payment Method:

- Check/Money Order (*payable to: Family Resource & Referral Center*)
- Credit Card:

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____
(if different from above)

City/Zip: _____

Name on Card: _____

Signature: _____



Thank you for your registration. You will receive a confirmation via email or mail.