

Emma Eccles Jones Early Childhood Symposium

Evidence-based Instruction for Children With or At-risk for

Reading Difficulties in K-3 Grades

Registration Form ❖ June 22-23, 2021

Live Zoom Based Conference

Name: _____ School District/Organization: _____

Mailing Address (Home): _____

City: _____ County: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening): _____ Email: _____

REGISTRATION OPTIONS		FEE	TOTAL
1	Symposium Registration	\$50	\$
2	Continuing Education Credit (CEU) A separate check needs to be mailed in for \$30 CEUs are the industry standard for tracking professional development and Relicensure points. CEUs will appear on USU transcripts which will enable attendees to verify to their employers the courses that were taken and the hours earned.	\$30	\$
TOTAL		\$	

Four Easy Ways to Register:

1. MAIL the completed registration form to the address below with FULL PAYMENT by enclosing a check, PO#, or credit card billing info.
2. CALL Emma Eccles Jones Literacy Clinic at 435-797-8629 to register with your credit card (Visa, MC, Discover).
3. FAX this registration form with your credit card billing information to the 24-hour fax line 435-797-8638.
4. ONLINE registration - visit <http://literacyclinic.usu.edu> to complete a registration form and payment online through PayPal.

Method of Payment (full payment is required and mail to):

Mailing Address:

Nissa Boman
EEJ Early Childhood Symposium/USU
2605 Old Main Hill
Logan, UT 84322-2605

Questions and Confirmations

Registration questions? (435) 797-8629. An email confirmation will be emailed out after registration is received.

Cancellation/Refund Policy:

Refunds will be made to those registrants who must cancel less a \$15 processing fee. Written cancellation must be received by **May 23, 2021**. No refunds will be made after that date. Substitutions are always accepted. *Utah State University reserves the right to cancel this program due to insufficient enrollment and limits its liability to registration refunds only.*

- ☐ P.O. # _____
- ☐ Check (Payable to Utah State University)
- ☐ Credit Card: Visa Mastercard Discover

Name _____

Last four digits of credit card #: _____

Exp. Date _____

Card Holders Phone # _____

FOR OFFICE USE ONLY

Batch Date _____

Participant No. _____

PO No. _____

Confirmation Sent _____

Date Payment Rec'd _____

Check ☐ business# _____

☐ personal# _____

☐ Cash ☐ Visa ☐ MC ☐ Disc

Cancel Date _____

CR Refunded _____

Total Amount Rec'd _____

