



# CAFCC Annual Conference

April 23 – 25, 2010

Crowne Plaza Hotel, San Francisco Airport  
1177 Airport Blvd. ~ Burlingame, CA 94010 ~ 650-342-9200



## “Overcoming Adversity ~ Reaching for Success”

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip \_\_\_\_\_  
California County \_\_\_\_\_

Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Family Child Care Association Name: \_\_\_\_\_  
First time attendee at a CAFCC Conference? Yes \_\_\_\_\_ No \_\_\_\_\_  
Attending Friday evening Welcome Reception? Yes \_\_\_\_\_ No \_\_\_\_\_  
Attending Luncheon (Saturday only) Y or N Chicken Entree \_\_\_\_\_ Vegetarian \_\_\_\_\_  
Attending Saturday evening Comedy/Entertainment? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please let us know if you have any special needs: \_\_\_\_\_

**Special recognition to all CAFCC Associations with 10 or more conference attendees!!!**

| Mailed Registrations      |               | On-Site Registration |   |
|---------------------------|---------------|----------------------|---|
| Starting February 1, 2010 | CAFCC Members | Non-Members          | All Attendees – Cash Only<br>(No lunch provided for walk-ins on Saturday) |
|                           | \$150         | \$175                | \$200   |

**Call the Hotel directly at 650-342-9200 to book your room nights**  
Mention code **CAFCC** for discounted room rate of \$107.00 plus tax per night

|   |               |             |                  |      |    |
|---|---------------|-------------|------------------|------|----|
| <b>Registration Amount:</b>   | \$150 _____   | \$175 _____ | \$200 _____      |      | \$ |
| <b>CAFCC Membership Dues</b> (\$20 or \$15 if member of a local FCC Assn) | _____ Renewal |             | _____ New Member |      |    |
| <b>NAFCC Membership Dues</b> (\$35 Regular, \$5 discount)                 | _____ Renewal | _____ New   | Member           | \$30 |    |
| <b>Total Registration Payment</b>   |               |             |                  |      | \$ |

|  |           |  |
|--|-----------|--|
| Check _____ / Visa _____ MasterCard _____ Card Exp. Date _____ | Amount \$ | <b>Mail form and payment to:</b><br>CAFCC – Conference<br>Registration<br>P. O. Box 8754<br>Emeryville, CA 94662 |
| Card number: _____   |           |  |
| Signature: _____ Date: _____                                   |           |  |

|                      |                       |                                     |               |
|----------------------|-----------------------|-------------------------------------|---------------|
| Received by _____    | Date Confirmed: _____ | Board Member _____                  | Hostess _____ |
| Postmark date _____  | By phone _____        | Presenter _____                     | Notes: _____  |
| Sent to Treas. _____ | By email _____        | Co-Presenter _____                  | _____         |
| Sent to Regis. _____ | By postcard _____     | Vendor _____                        | _____         |
|                      | Name Tag _____        | 1 <sup>st</sup> Time Attendee _____ | _____         |

**Questions?** Contact: Sharon Coleman, Conference Chair (707) 428-3180 sacoleman@mail.com  
Yolanda Wood, Registration (530) 283-4897 wood4897@sbcglobal.net

**Thank you to our sponsors ~ DCI, TOPA and CHARTIS!!!**