



California Association for Family Child Care



## 2010 President's Summit

Let's Make a Change:

Together We Can Make Things Easier for the Provider!

Holiday Inn Fresno Airport

5090 E. Clinton, Fresno, CA

559-252-3611

**February 20, 2010:** 9 am to 5 pm Guest speakers and Workshops

**February 21, 2010:** 10 am to 11 am Provider Speak Out!!

**Registration**            \$50            Early Bird through Jan. 28,  
   \$60            After Jan 28, 2010

Register online: go to [www.cafcc.org](http://www.cafcc.org), click onto "2010 President's Summit," then click onto "Register Online"

### Sleeping Room Rates

**\$92** each night, Single / Double

**\$92** por noche, simple/doble

Call 559-252-3611

Deadline date for reservations at this reduced price is January 29, 2010

Be sure to mention "CA Association for Family Child Care" to receive the discounted room rates.

Mencione la "CA Association for Family Child Care" para recibir el descuento de conferencista

### Tentative Topics:

- Legislative and Licensing update from DCI Insurance:
- Health, Medical plans, Support Services, etc. from Vantage
- Board Responsibilities
- Introducing Your Regional Representative
- And more!

For more information

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2010 President's Summit



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**Registration**

|                                    |                        |
|------------------------------------|------------------------|
| Association Concerns or questions: |                        |
| Name _____                         | _____                  |
| Address _____                      | _____                  |
| City, Zip _____                    | _____                  |
| Phone _____                        | _____                  |
| Email _____                        | Other Questions: _____ |
| County/Association _____           | _____                  |
| _____                              | _____                  |

|                                    |                        |
|------------------------------------|------------------------|
| Association Concerns or questions: |                        |
| Nombre _____                       | _____                  |
| Dirección _____                    | _____                  |
| Cuidad y Código Postal _____       | _____                  |
| Teléfono _____                     | _____                  |
| Email _____                        | Other Questions: _____ |
| Condado/Asociación _____           | _____                  |
| _____                              | _____                  |

|   |   |
|---|---|
| <p>If paying registration with credit card, fill in information below and mail to CAFCC address or fax to 831-449-7017 (secure phone)</p> <p>Sí paga la registraci3n con una tarjeta de cr3dito, llene la informaci3n siguiente y envuela a la direcci3n de CAFCC o por medio del fax 831-449-7017.</p> | <p>Mail registration form and a check to: CAFCC<br/>Attn: Registration<br/>P.O. Box 8754<br/>Emeryville, CA 94662</p> <p>Envie su Registraci3n con el cheque a:</p> |
|---|---|

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|----------------------------------|------------------|----------------------------|--|--------------|
| _____<br>_____<br>_____<br>_____ |                  |                            |  | Amount<br>\$ |
| Visa _____                       | MasterCard _____ | Card Expiration Date _____ |  |              |

Signature/Firma \_\_\_\_\_ Date/Fecha \_\_\_\_\_