



NMCCEA
NEW MEXICO CHILD CARE AND EDUCATION ASSOCIATION

2018 ANNUAL MEETING FRIDAY, JANUARY 26TH

Please check one:

- Member: \$50**
- Non-Member: \$75**

Attendees Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____ - _____ Fax: _____ - _____

Attendees Email: _____

Limited to first 100 Registrations: Confirmation email will not be sent unless payment is received. If you are unsure if are an active member please contact us.

Cancellation Policy: If you need to cancel you must call NMCCEA at 1-888-920-8868 two (2) week in advance or the registration WILL NOT be refunded. Please sign and date that you have read and understand the cancellation policy.

Signature: _____ Date: _____

Credit Card Number: _____

Expiration Date: _____ 3-digit security code: _____

Printed Name on Card _____

Signature: _____

Please return registration form to:

Check payment: NMCCEA P.O. Box 53400 Albuquerque, NM 87153

Credit Card payment: email am@swchildcare.com or fax to [505-275-3154](tel:505-275-3154)