



### Conference Approval Request Form

(This Form Must Be Submitted with all Required Documents at Least **30 Days** Prior to the Start of Your Conference, or **60 Days** Prior if you would like the SEEK scholarship to be available to your participants)

Conference Date(s) \_\_\_\_\_ (Office Use Only) Event ID # \_\_\_\_\_

Conference Sponsoring Agency\* \_\_\_\_\_

**\*Must be Registry Approved. To apply to become a Registry Approved Sponsoring Agency, please click [here](#) or visit [www.pbcregistry.org](http://www.pbcregistry.org) go to Sponsors Tab, select Application**

Conference Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Conference \_\_\_\_\_

Conference Location \_\_\_\_\_

Cost per participant \_\_\_\_\_ Maximum # of participants for this Conference \_\_\_\_\_  
**Please indicate if Costs differ based on Type of Registration (Early Bird Cost, Member Registration Cost, etc.)**

Number of Training Hours Awarded \_\_\_\_\_ (All Conferences must be a **minimum of two hours** in length)

Number of Training CEUs\* Awarded \_\_\_\_\_

Name of Organization/Institution Issuing CEUs\* (Please list if different from Conference Sponsoring Agency):

**\*Please attach verification of the organizational agreement to issue CEUs on Conference agency's behalf**

Is the Cost of CEUs included in the Cost per participant above?  Yes  No\*

**\*If No, please list the additional charge for CEUs** \_\_\_\_\_

Has this Conference been previously approved by the Registry?  Yes  No

Have any changes been made to the conference since its last approval?  Yes\*  No

**\*If Yes, please attach revised Agenda/ Outline of Sessions reflecting the changes)**

Conference Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Content Areas will this Conference cover: (Core Competency Area)

- Health, Safety, and Nutrition
- Child Development and Learning
- Building Family & Community Relationships
- Teaching and Learning Environments and Interactions
- Curriculum
- Professionalism
- Observing, Documenting, Screening, and Assessing to Support Young Children and Their Families
- Other: \_\_\_\_\_

**Participant Experience Level:**  Beginning (less than 2 years)  Intermediate (2-5 years)  Advanced (more than 5 years)

**Target Audience comprised of:**

- Center staff  Directors/Administration  
 Family child care  School-based staff  
 other \_\_\_\_\_

**Target Audience works with:**

- Infants  Toddlers  
 Preschool  School age  
 Adults

**Training Format:** (check all that apply)

- Lecture  Video / Overhead / Multimedia  
 Large Group  Handouts  
 Role Play  Small Group  
 Panel  Other  
 Web based  
 Hands On

**Learner Assessment method:**

- Pre / Post Test  Post Test  Self Assessment  
 Demonstrate Competency at Event  Demonstrate Competency after Event  
 Knowledge Assessment

**Is this Conference open to the public?**  Yes\*  No

**\*If Yes – the Conference will be advertised on the Registry website**

**Please Note:** All Conferences must be approved in writing by the Registry prior to marketing them to the public as Registry Approved.

**Documents Required to Be Submitted In Addition to this Form:**

- Conference Agenda/Outline of Sessions
- Conference Registration Form
- Presenter Biographies (If Presenters are not Registry Approved Trainers)

\_\_\_\_\_  
Sponsoring Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring Agency Representative Name

\_\_\_\_\_  
Date