

INVITATION to ChildreNiños International Conference

Early Childhood Conference in English and Spanish

Theme:

STEM: Science, Technology, Engineering and Mathematics

Date 1:

Friday, August 23, 2024, 9am to 3pm, Lunch Provided

Audience: Administrators

Date 2:

Saturday, August 24, 2024, 9am to 3pm, Lunch Provided

Audience: ALL Educators

Learning Objectives for Attendees:

Scientific updates to educators for children's future

Positive Interactions to promote early childhood education

STEM and Cultural Self-Identity of children to obtain a successful future

Location: **Courtyard by Marriott**
1721 E Central Texas Expwy~ Killeen, Texas, USA

Registration on page 2

Collaborators:

Central Texas Chapter of TXAEYC, www.texasaeyc.org

ChildreNiños Bilingual Education-CNBE, www.childreninosinternrnational.org World
Organization for Early Childhood Education-OMEP PERU, www.omep-peru.org.pe

Training Early Childhood Educators, www.teceducators.com

Workforce Solutions of Central Texas, www.workforcesolutionsctx.com

Contacts: (254) 768-6775 adiliadfrazer@gmail.com



REGISTRATION

ChildreNiños International Conference

Early Childhood Conference in English and Spanish

August 5, 2024, Early Registration Due Date

Location:

**Courtyard by Marriott Hotel
1721 E Central Texas Expwy~ Killeen, Texas, USA**

FEE Friday, August 23 or Saturday, August 24, each person, by August 5.....\$ 25.00 **FEE**
After August 5, each person, each day.....\$ 50.00
FEE Onsite of August 23 or 24,
each.....\$100.00

August 23, fee \$ _____ August 24, fee \$ _____ Total: \$ _____

Number in Group: (5% discount for groups of 10 or more) Discount Total: \$ _____
(add additional names on back of form)

Status: Administrator Parent Educator Student Trainer **Total \$** _____

Name:

E-mail address: Cell: Organization: Tel: _____ Work or home address: Language to

Attend: English Spanish City: State: Zip-code: _____ Special Needs:

Please select the track you will attend:

A _____ **for Administrators, Directors, Trainers and Leaders**

B _____ **for ALL AUDIENCES: Administrators, Educators, Parents and Trainers**

**Non Refundable Payment Method: Make ___ check or ___ money order payable to: ChildreNiños
and return this completed form to: ChildreNiños**

**1205 Hawktree Dr.
College Station TX 77845**

Or Credit Card: ___ Visa ___ MasterCard ___ American Express ___ Discover ___ Other: _____

Card number: _____ Expiration date: _____

Printed name of cardholder: _____ Security Code (on back of card) _____

Signature of cardholder: _____ Date: _____

Contacts: (254) 768-6775 USA, adiliadfrazier@gmail.com