



National Institute of Child Care Management

CDA Fast Track Registration Form

NICCM, 14422 Shoreside Way, Ste 110- 510, Winter Garden, FL 34787 Phone: (602) 476-1422

Locations (Sept 2025 – July 2026): (Select and check one)

☐ **Distance Learning Program**

- | | | | |
|--|-------------|--|---------------|
| ☐ Orlando, FL | 9/26-28/25 | ☐ Deerfield Beach, FL | 10/17-19/25 |
| ☐ Jacksonville, FL | 10/24-26/25 | ☐ San Antonio, TX | 11/07-09/25 |
| ☐ Orlando, FL | 11/14-16/25 | ☐ Miami, FL | 12/12-14/25 |
| ☐ Orlando, FL | 1/23-25/26 | ☐ West Palm Beach, FL | 1/30 - 2/1/26 |
| ☐ Tampa, FL | 2/20-22/26 | ☐ New Orleans, LA | 3/6-8/26 |
| ☐ Orlando, FL | 3/27-29/26 | ☐ Jacksonville, FL | 4/17-19/26 |
| ☐ Fort Lauderdale, FL | 4/24-26/26 | ☐ Orlando, TX | 5/15-17/26 |
| ☐ Deerfield Beach, FL | 6/12-14/26 | ☐ Tampa, FL | 6/19-21/26 |
| ☐ Dallas, TX | 7/17-19/26 | ☐ Other _____ | |

Specialty:

☐ Infant/Toddler Provider

☐ Preschool Provider

Name _____

Center Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

***Registrations are non-refundable. Read the complete refund policies at handprint.niccm.com.**

ENTIRE CONFERENCE REGISTRATION	Early (30+Days Before)	Regular (8-30-Days)	Late (0-7)
Full Conference	☐ \$509.00	☐ \$559.00	☐ \$609.00
Distance Learning Program	☐ \$559.00	(\$35 for Shipping)	

Total Due \$ _____

METHOD OF PAYMENT:

CC# _____ Expir. Date _____ Security Code _____

Name on Card _____

Billing Address _____ City _____ State _____ Zip _____

Pay Online at www.NICCM.com