association for early childhood education & development

(Mumbai Branch)

Regn. No: F-42514 Mumbai

# AECED ONLINE REGISTRATION FORM FOR WORKSHOPS

**Type of Membership: Please tick**

☐ **Individual** ☐ **Institutional** ☐ **NGO** ☐ **Teacher Trainee** ☐ **Non-member**

**Membership No:** _____

**Name of Participant/s:** _____

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**Name of Institution:** _____

**Cell No of Participant/ s:**_____

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**Contact No. Of Institution/ Supervisor:** _____

**Email Id of Participant /s:**_____

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**Email Id of Institution:**_____

**Workshop selected: Please tick**

☐ 1. **BRAIN DEVELOPMENT : Roots to Developmentally Appropriate Practices**
☐ 2. **LET MY PLAY BE MY LEARNING AND MY LEARNING BE MY PLAY**
☐ 3. **MINDFULNESS + HEARTFULNESS : nurturing social emotional learning in children**
☐ 4. **MATHS IN EARLY YEARS**

**Payment option selected: Please Tick**

☐ **Cash** ☐ **DD/ Cheque** ☐ **NEFT** ☐ **Online**

***NEFT - Please send a scanned copy of the payment clearly showing the sender's name**