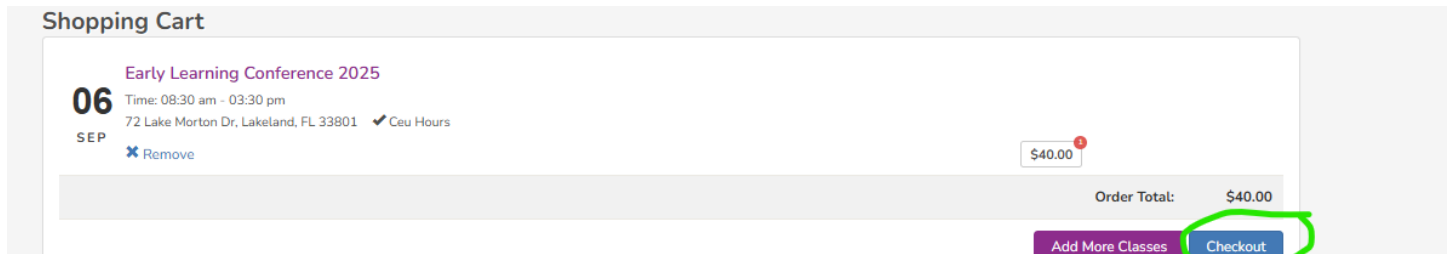


Training Course Checkout

Step 1: After selecting the course, you would like to register for, you will be directed to this screen. If the course has no fee, you will select “checkout” and be able to register.

If the course has a fee, you will select “checkout” and proceed with the instructions below.



Shopping Cart

Early Learning Conference 2025

06 Time: 08:30 am - 03:30 pm
72 Lake Morton Dr, Lakeland, FL 33801 ✓ Ceu Hours

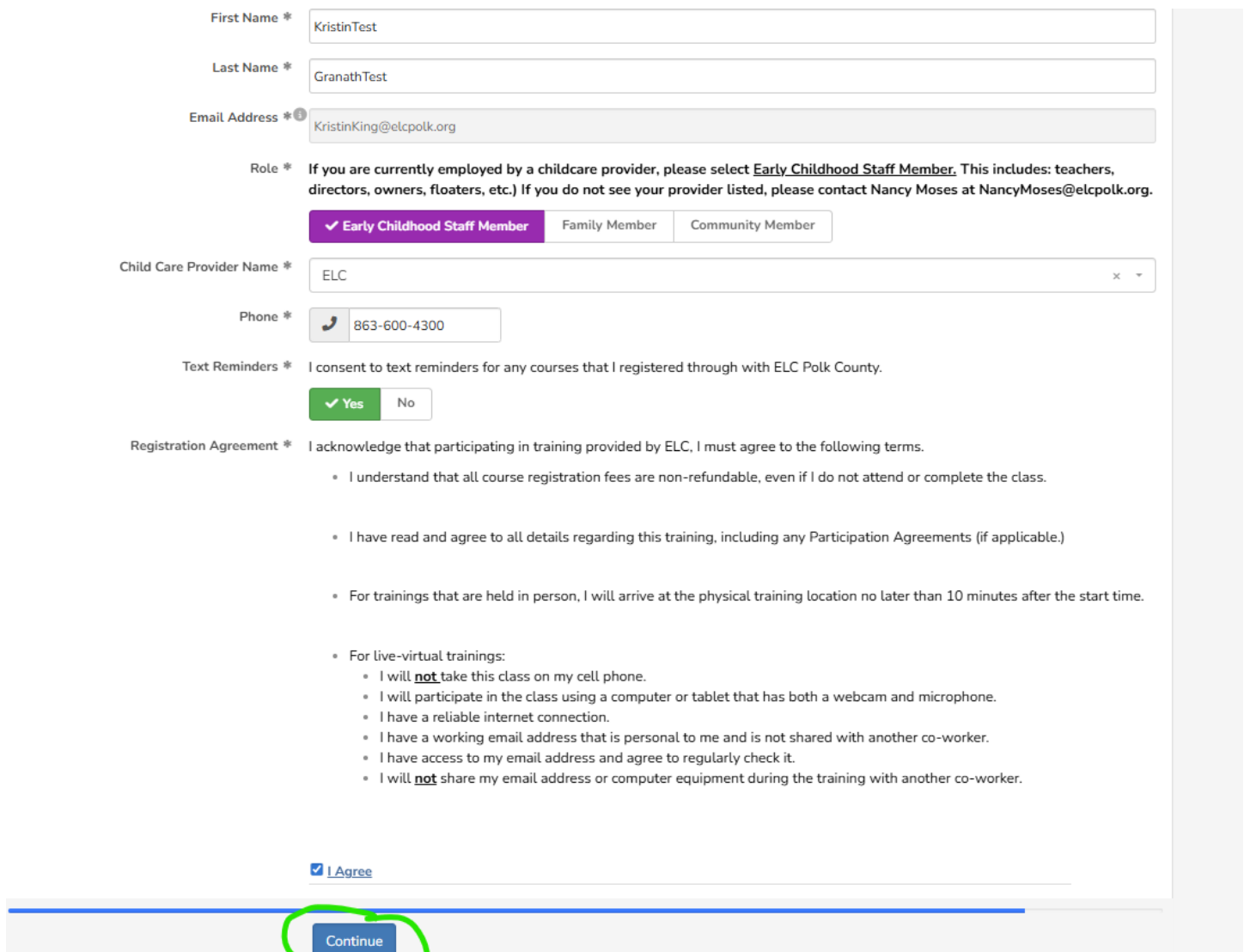
SEP [✕ Remove](#)

\$40.00

Order Total: \$40.00

[Add More Classes](#) [Checkout](#)

Step 2: Confirm your information on this screen. Then select “continue.”



First Name * KristinTest

Last Name * GranathTest

Email Address * KristinKing@elcpolk.org

Role * If you are currently employed by a childcare provider, please select **Early Childhood Staff Member**. This includes: teachers, directors, owners, floaters, etc.) If you do not see your provider listed, please contact Nancy Moses at NancyMoses@elcpolk.org.

☒ Early Childhood Staff Member ☐ Family Member ☐ Community Member

Child Care Provider Name * ELC

Phone * 863-600-4300

Text Reminders * I consent to text reminders for any courses that I registered through with ELC Polk County.

☒ Yes ☐ No

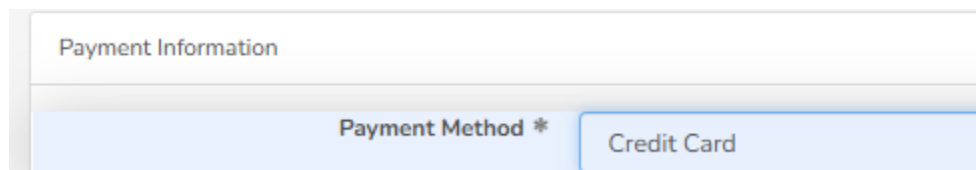
Registration Agreement * I acknowledge that participating in training provided by ELC, I must agree to the following terms.

- I understand that all course registration fees are non-refundable, even if I do not attend or complete the class.
- I have read and agree to all details regarding this training, including any Participation Agreements (if applicable.)
- For trainings that are held in person, I will arrive at the physical training location no later than 10 minutes after the start time.
- For live-virtual trainings:
 - I will **not** take this class on my cell phone.
 - I will participate in the class using a computer or tablet that has both a webcam and microphone.
 - I have a reliable internet connection.
 - I have a working email address that is personal to me and is not shared with another co-worker.
 - I have access to my email address and agree to regularly check it.
 - I will **not** share my email address or computer equipment during the training with another co-worker.

☒ I Agree

[Continue](#)

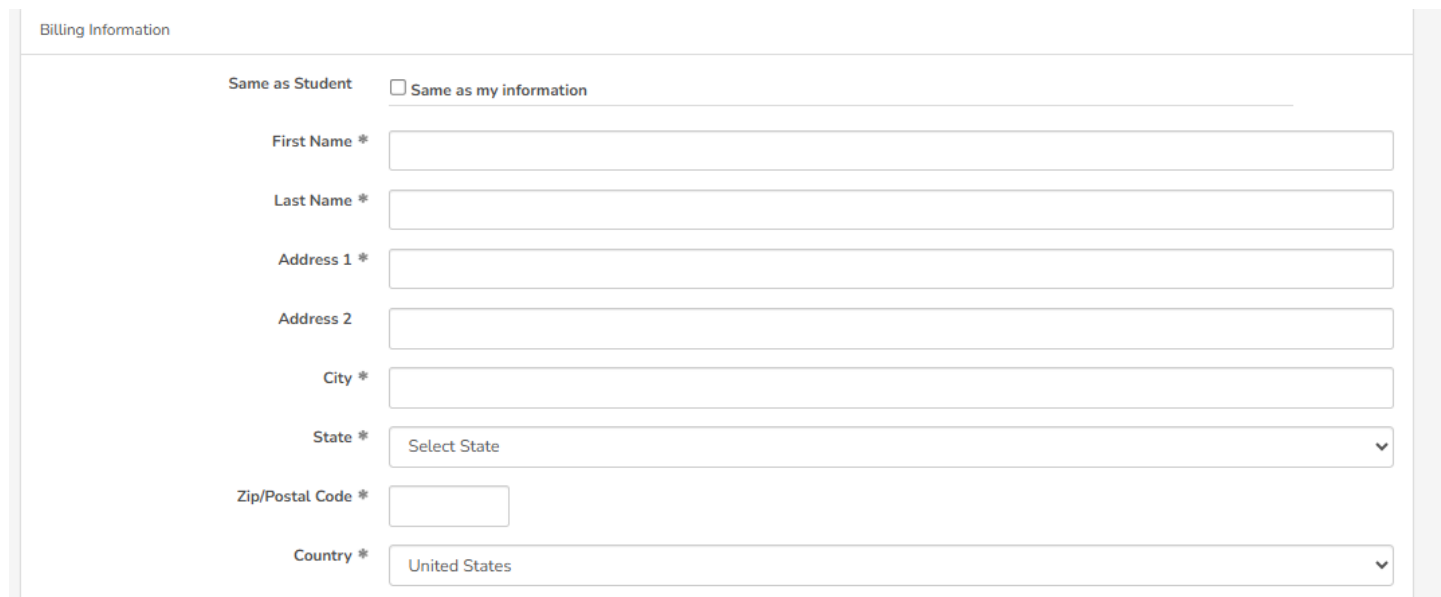
Step 3: Under “Payment Method” select “Credit Card.” (If you are using a debit card, you will still select credit.)



Payment Information

Payment Method * Credit Card

Step 4: Fill out your billing information.



Billing Information

Same as Student ☐ Same as my information

First Name *

Last Name *

Address 1 *

Address 2

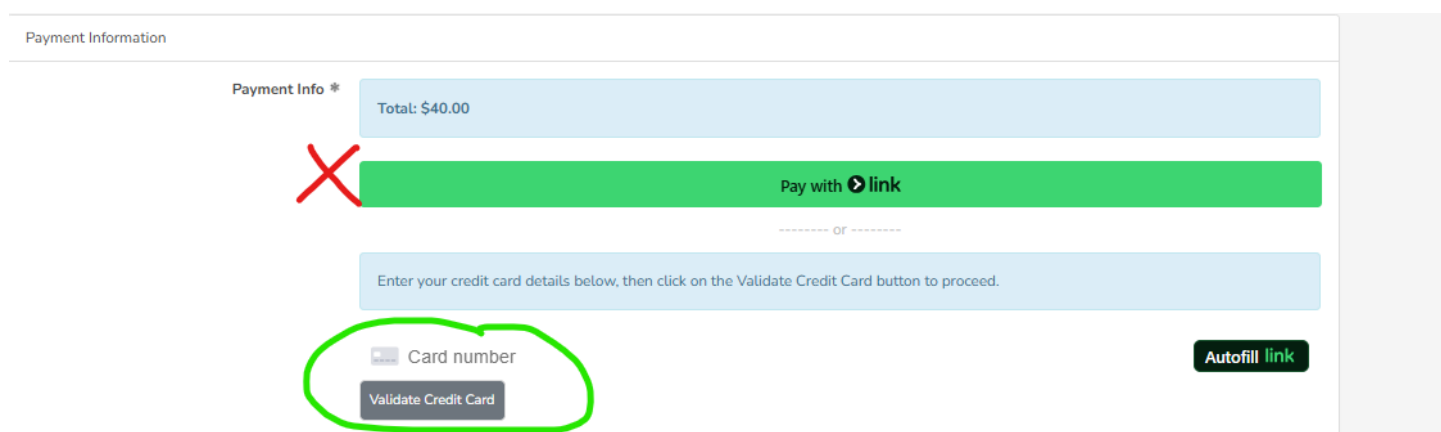
City *

State *

Zip/Postal Code *


Country *

Step 5: Enter your card number above the words “Validate Credit Card”. **Do not** use the “Pay with link” section.




Payment Information

Payment Info * Total: \$40.00


X Pay with  link

----- OR -----

Enter your credit card details below, then click on the Validate Credit Card button to proceed.

 Card number

Validate Credit Card

Autofill  link

Enter the expiration date and CVC (3 digits on the back of the card.)

 1234 5678 9225 1546

MM / YY CVC

Validate Credit Card

Step 6:

Select “Complete Registration” after your card information has been entered. You will then be registered for the course and receive a confirmation email of your registration.

