

REGISTRATION FORM
Sheraton Station Square Hotel, Pittsburgh, Pa.

"PREVIEWING THE PRINCIPALSHIP" "GETTING THE JOB-DONE RIGHT"

Friday, May 8, 2015

&

Saturday, May 9, 2015

NAME: _____

CURRENT POSITION: _____

SCHOOL DISTRICT: _____

SCHOOL: _____

FULL SCHOOL ADDRESS: _____

SCHOOL PH: (_____) _____ HOME PH: (_____) _____

FAX: (_____) _____ EMAIL: _____

(Must have for confirmation)

For Act 48 Hours:

PP ID# _____ *(must provide if Act 48 hours are to be reported)*

REGISTRATION DEADLINE:

TWO WEEKS PRIOR TO THE WORKSHOP

REGISTRATION FEE: \$150.00 each workshop

_____ PREVIEWING THE PRINCIPALSHIP

_____ GETTING THE JOB-DONE RIGHT

_____ I am enclosing my check for registration made payable to ***"PAESSP"***.

_____ I will use a district PO # _____ dated _____ and
you may send an invoice to my school district at the following address:

Mail form with check or purchase order to:

PAESSP, Attn: Mary Snyder*

122 Valley Rd., P.O. Box 39, Summerdale, PA 17093 or FAX to (717) 732-4890.

**Should participants attending the workshops need hotel accommodations or further info. on registration, you may contact Mary at (717) 732-4999 – or E-mail – snyder@paessp.org.*