## **REGISTRATION FORM**

	<ul><li>&amp; Saturday, February 7, 2015</li><li>&amp; Saturday, May 9, 2015</li></ul>
NAME:	
CURRENT POSITION:	
SCHOOL DISTRICT:	
SCHOOL:	
FULL SCHOOL ADDRESS:	
SCHOOL PH: ()	HOME PH: ()
FAX: () EM	1AIL:
For Act 48 Hours:	(Must have for confirmation)
PP ID# ( <i>must prov</i>	vide if Act 48 hours are to be reported)
REGISTRATION DEADLINE: TWO WEEKS PRIOR TO THE WO REGISTRATION FEE: <u>\$150.00 each wo</u> PREVIEWING THE PRINCIPALSI	vorkshop
GETTING THE JOB-DONE RIGHT	T Date Attending
I am enclosing my check for r	registration made payable to "PAESSP".
I will use a district PO #	dated and ny school district at the following address

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