

**Workshop for Career and Technical Education
Adult/Continuing Education Coordinators
September 29 and 30, 2009
Nittany Lion Inn, State College**

Registration Form

NAME:

TITLE:

AGENCY/SCHOOL:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

I will ___ will not ___ attend the pre-session.

Please mail this form with a check made payable to "PACTA" in the amount of \$170
(* Note: The fee for participants from PACTA Institutional Member Schools is \$153.*) to:

PACTA
23 Meadow Drive
Camp Hill, PA 17011-8331
Telephone: (717) 761-3381
Fax: (717) 761-5811
E-mail: jackie@pacareertech.org

*** If you are not sure if your school is an institutional member of PACTA,
please call the PACTA Office at: (717) 761-3381 to check.**

**WORKSHOP FOR CTE ADULT/CONTINUING EDUCATION COORDINATORS
CRACKER-BARREL SESSION
PARTICIPANT INPUT FORM**

NAME _____

INSTITUTION _____

Please list below those topics you would like to discuss during the cracker-barrel session at the September 29 and 30, 2009 workshop.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

**PLEASE FAX THIS FORM BY September 12, 2009 TO (717) 761-5811.
NO COVER SHEET IS NECESSARY**