

**Workshop for Career and Technical School Business Administrators
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 CAREER AND TECHNICAL SCHOOL
BUSINESS ADMINISTRATORS
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.**