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ACT 48 WORKSHOP SUBMISSION DATA

ATTENDEE INFORMATION

Workshop Date: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Professional Personal ID# _____ (assigned by PDE) AND SSN: _____

SCHOOL DISTRICT INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

COURSE INFORMATION

Program Title: _____

Program Instructor: _____

Number of Act 48 Hours Awarded: ___ hours

**I hereby authorize Indiana University of Pennsylvania to submit this information
 to Pennsylvania Department of Education.**

(Your signature is required for processing)

Signature: _____ Date: _____

For Office Use Only:

_____ Date Processed