

“Education Time in 2009”

PLEASE PRINT OR TYPE INFORMATION
(A Separate Registration Form Must Be Completed for Each Individual)

NAME: _____ **PHONE NO.** _____

PLACE OF EMPLOYMENT: _____ **TITLE:** _____


BUSINESS ADDRESS: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

REGISTRATION: (Postmarked by 10/09/09)

	MEMBER	NON-MEMBER
Full Conference	\$220 _____	\$280 _____
Monday	\$80 _____	\$100 _____
Tuesday	\$80 _____	\$100 _____
Wednesday	\$60 _____	\$80 _____
CPR	\$45 _____	



**SUNDAY
BUS TOUR**

YES _____

Guest (\$15) _____

NO _____

BREAK-OUT SESSIONS REQUESTED (Please select a 1st & 2nd choice for each session)

A _____ B _____ C _____ D _____ E _____ F _____ G _____ H _____ I _____ J _____ K _____ L _____
M _____ N _____ O _____ P _____ Q _____ R _____ S _____ T _____ U _____ V _____ W _____ X _____
Y _____ Z _____ AA _____ BB _____ CC _____ DD _____ EE _____ FF _____ GG _____

We would like to include a list of all conference participants and their contact information in the registration packet you will receive. This listing is for the purpose of helping you network with the people you meet at the conference. Please indicate if you would like to be included in this list:

YES _____ **NO** _____

Do you require any special diet? **YES** _____ **NO** _____

If you require a special diet, please list your requirements. _____

Please select your area of residence in Pa. East _____ Central _____ West _____ Other _____

We are offering PAPA long sleeve royal blue polo shirts for sale. Cost is \$15.00 each. If purchasing please indicate what size you would like to buy. S _____ M _____ L _____ XL _____ XXL _____

And enclose payment.

Please enclose check made out to PAPA or Voucher Request Form with completed Registration Form and return to: PAPA Registration Chair Sandy Newfield RR2 Box 15, Hollidaysburg, Pa. 16648

ATTENDEE'S NAME MUST BE PLACED ON ALL CHECKS.

OFFICIAL USE ONLY

PERSONAL CHECK #	BUSINESS CHECK #	DATE RECEIVED:
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