

"A Lifetime of Learning"

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

NAME: _____ PHONE: _____

PLACE OF EMPLOYMENT: _____ TITLE: _____

BUSINESS ADDRESS: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

PAPA MEMBERSHIP NUMBER: _____

REGISTRATION: (Postmarked by 9/26/11)

	MEMBER	NON-MEMBER
Full Conference	\$270 _____	\$330 _____
Monday	\$110 _____	\$130 _____
Tuesday	\$110 _____	\$130 _____
Wednesday	\$80 _____	\$100 _____



Workshop Sessions Requested

If you want to attend Learning How to Navigate PowerPoint Programming and Pet Therapy, please mark below.

_____ Learning PowerPoint _____ Pet Therapy

Please mark a number 1 for your first choice and 2 for your second choice in each column:

A. ___ D. ___ G. ___ J. ___ M. ___ P. ___

B. ___ E. ___ H. ___ K. ___ N. ___ Q. ___

C. ___ F. ___ I. ___ L. ___ O. ___ R. ___

You will be automatically registered into the all general sessions for a total of 9 additional sessions to the ones you choose above.

We would like to include a list of all conference participants and their contact information in the conference booklet. This list is for the purpose of helping you network with the people you meet at the conference.

Would you like to be included in this list? YES ___ NO ___

Do you require any special diet? YES ___ NO ___

Please list your special dietary requirements: _____

Select your area of residence in PA: East ___ Central ___ West ___ Other ___

Please enclose check made out to PAPA or Voucher Request Form with completed Registration Form and return to: PAPA Registration Chair: Sandy Newfield, 239 Brush Mountain Road, 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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