



Indiana University of Pennsylvania  
College of Education and Professional Studies

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## ACT 48 WORKSHOP SUBMISSION DATA

### ATTENDEE INFORMATION

Workshop Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ ( P D L O \_\_\_\_\_ )

Professional Personal ID# 33, ' \_\_\_\_\_ Assigned by PDE) 0 X V W E H L Q F O X G H G

### SCHOOL DISTRICT INFORMATION

District: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### COURSE INFORMATION

Program Title: \_\_\_\_\_

Program Instructor: \_\_\_\_\_

Number of Act 48 Hours W R E H 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