

REGISTRATION FORM
(Please duplicate for additional registrants)

**DAY CARE/ EARLY CHILDHOOD EDUCATORS SAFE SCHOOLS SUMMIT
SPRING 2007**

Delaware County Intermediate Unit
200 Yale Avenue
Morton, PA 19070
THURSDAY MAY 31, 2007
12:00 P.M. – 2:00 P.M.
(Lunch Provided)

Please Print Legibly

If you have multiple attendees from one organization, please complete this form including organization, address, telephone and fax. On an attached sheet, for each additional attendee, please list name, email, and continuing education credits desired including Social Security Number for each person seeking Act 48 credits.

Name _____ Title _____

Organization _____

Address _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Please check credit requested:

**If requesting Act 48 CE credit, please provide your
Social Security Number _____ - _____ - _____**

ACT 48 CPE: 2 hours _____

State Board of Psychology: 2 hours _____

National Board of Certified Counselors: 2 hours _____

Please send/fax this form by May 21, 2007
and other inquiries or correspondence

to

Dorothy Brown
Executive Administrative Assistant
201 W. Front Street
Media, PA 19063
Fax (610) 891-4140

No cover sheet required.