



PA Early Learning
Keys to Quality



Pennsylvania
Early Learning



Professional Development Registration

Name of workshop: _____

Date of workshop: _____

Location of workshop: _____

Registrant Names:	Last 5 digits of S.S. #	Act 48 Payment	
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N

Program name: _____

E-mail address: _____

Phone number: _____

Payment must accompany this form to register. * Payment Amount \$ _____ Check No. _____

**See PA Key Website for cost associated with this workshop*

Make check payable to: *Central Regional Key*
2138 Lincoln Street
Williamsport, PA 17701

Included in this check: \$ _____ *Registration*
\$ _____ *Act 48*
\$ _____ *Coupon Credit*
\$ _____ *Other*

**** Act 48 Credits – Please submit additional \$10.00 for each teacher**

**** Professional Development fees are non-refundable**

For Regional Key Use Only

Total Payment _____

Breakdown: Registration _____

Act 48 _____

Check No. _____

Coupons _____

Other _____