

PCEA SEMINAR REGISTRATION

(For office use only)

Please PRINT CLEARLY

NAME _____

HOME ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

PHONE (work) _____ PHONE (home) _____

SCHOOL ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

E-MAIL ADDRESS: _____

CHECK APPROPRIATE CHOICE:

Individual Workshops: _____

Individual Workshop:

1. _____

2. _____

3. _____

4. _____

Total enclosed: \$ _____

Make checks payable to **PCEA, P.O. Box 49, Mattapoisett, MA 02739**

Photos may be taken without further notice at any event sponsored by the PCEA. Please check the box on the registration form if you do NOT wish to have your photo and name included in any publicity.