



Indiana University of Pennsylvania
 College of Education and Educational Technology
 104 Stouffer Hall
 1175 Maple Street
 Indiana, PA 15705

Phone: 724-357-2485

Fax: 724-357-3294

ACT 48 WORKSHOP SUBMISSION DATA

PLEASE TYPE ALL INFORMATION LEGIBLY

ATTENDEE INFORMATION

Workshop Date: **Friday, April 19, 2024**

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Professional Personal ID# _____ (assigned by PDE) Certification Area _____

SCHOOL DISTRICT INFORMATION

District: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

COURSE INFORMATION

Program Title: *The IUP Spring Methodology Conference on Foreign Language Teaching*
 Program Instructor: **Dr. Christina Huhn (huhn@iup.edu) and Dr. Marjorie Zambrano-Paff (mzambran@iup.edu)**. Number of Act 48 Hours Awarded: 6 hours (must attend full day). **Must sign in and out, and complete evaluation survey**

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