

PSATS WORKSHOP REGISTRATION FORM

(print and copy this form as needed; each person may register for only one seminar per form)

Nickname or Badge Name _____

Name _____

Title _____

Municipality & County _____

Address _____

City, State, Zip Code _____

Daytime Phone _____

Fax _____

Email _____

Accessibility/Other Needs _____

Workshop Name _____

Workshop Date/Location _____

Registration Fee _____

Is Registrant A Qualified Tax Collector? Yes No

Is Registrant An Elected Official? Yes No

Yes, I would like to receive IIMC credit for attending the _____ course. (Please add \$10 to your registration fee. For information on the IIMC program visit www.iimc.com or call 717-477-1430.)

Print this form and return the form and check (made payable to 'PSATS') to:

Pennsylvania State Association of Township Supervisors

4855 Woodland Drive

Enola, PA 17025

or fax it to: (717) 763-9732