



## PROFESSIONAL DEVELOPMENT REGISTRATION FORM

Please fill out the information below and return by fax (212.608.7071) or mail.  
Registration will not be confirmed until payment is received. Space is limited.

### Professional Development Workshop Information

Date(s) of PD Session:

### Participant (Teacher) Information

Your name:

Your phone number:

Your e-mail address:

What grade do you currently teach?

What subject do you teach?

Do you follow the NYC Science Scope and Sequence or High School Core Curriculum? YES NO

How did you find out about this PD session?

How do you prefer we contact you regarding this registration?

PHONE

E-MAIL

### School Information

School name:

School address:

Borough and zip code:

School phone number:

### Signatures

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

*Payment can be made through FAMIS Internal Services e-catalog #NCSE00002.*