



LUZERNE INTERMEDIATE UNIT PROFESSIONAL DEVELOPMENT ACTIVITY FORM

*All fields with an * must be completed. Please attach an activity agenda to this form.*

* **Name:** _____ * **Today's Date:** _____

* **Activity Title:** _____

* **Date(s) of Activity:** _____

* **Activity Start Time:** _____ * **Activity End Time:** _____

* **Registration Start Date:** _____ * **Registration End Date:** _____

* **Location:** _____ * **Audience:** _____

* **Facilitator:** _____ * **Cost:** _____

* **Capacity:** _____ * **Clock Hours:** _____

* **Eligible for Act 48 credit:** Yes No

* **Activity Description:**

* **Room Preferred:**

	<i>CAPACITY</i>		<i>CAPACITY</i>
Room 112	8	Third Floor Auditorium	50-60
Room 218	10	Computer Lab	15
Room 311	20-25	N/A	

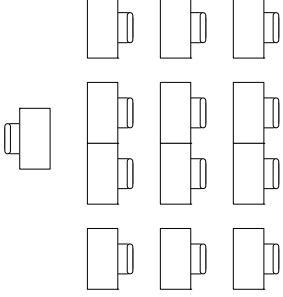
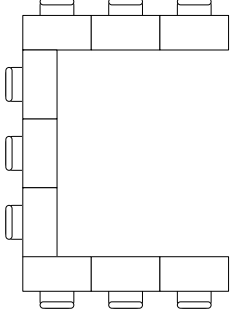
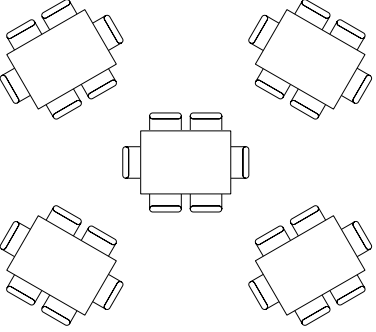
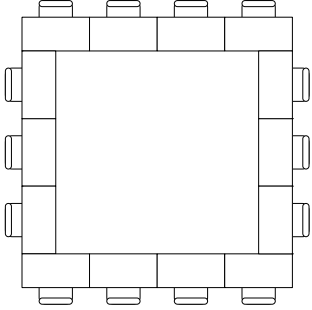
* **Equipment Required:**

Overhead Projector	TV / VCR / DVD	Flip Chart
Laptop Computer	LCD Projector	Internet Connection
Video Conference	Other: _____	



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Room Configuration:

Classroom	Board
	
Group	Conference
	

Need for Special Arrangements:

Approval: _____
Barbara A. Law

_____ Date