



# 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	

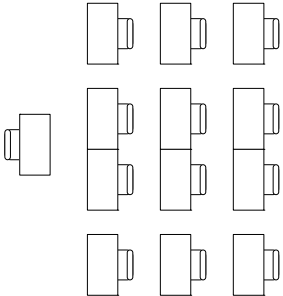
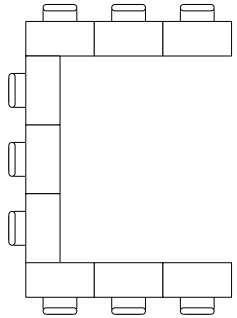
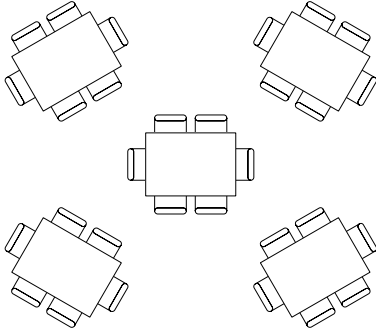
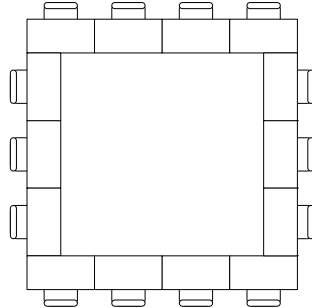
\* Equipment Required:

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



# LUZERNE INTERMEDIATE UNIT PROFESSIONAL DEVELOPMENT ACTIVITY FORM

## Room Configuration:

Classroom Board	
	
Group Conference	
	

## Need for Special Arrangements:

Approval: \_\_\_\_\_  
Ty Yost

\_\_\_\_\_ Date