***EASTERN CAROLINA***
***EDUCATIONAL ASSISTANCE CENTER***
A Division of DeLorge International Learning/University Systems, Inc.

# *PROFESSIONAL DEVELOPMENT REGISTRATION FORM*

Name of Participant: _____
(Last) (First) (M.I)

Mailing Address: _____

_____ _____ _____
(City/Town) (State) (Zip Code)

Home Telephone No.(including Area Code) _____ --- _____ ------- _____

Daytime/Work Telephone No. (including Area Code) _____ ---- _____----_____

School/Workplace Currently Employed at: _____

School/Workplace Address: _____

_____ _____ _____
(City/Town) (State) (Zip Code)

Supervisor's Name: _____ Your e-mail address: _____

Social Security Number (Use only last four digits for I.D. Purposes & C.E. U. Credit) _____

## Course Selection(s)

| Course Prefix | Course No. | Course Title | C.E.U Cr. Hrs. | Instructor | Meeting Time |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

_____ _____
(Date) (Signature of Participant Submitting Registration)

Do not write below this line. Information below is strictly for ECEAC/DI & Local LEA use only

Course Approved by LEA: ____ yes _____ no _____
Authorized Signature of LEA Representative

Course Approved for LEA Funding: ____ yes ____ no. Approval Budget Code: _____