



2014 Professional Development Workshop Registration

Wednesday, October 8th, 2014

10:00 am to 3:00 pm at

Columbus State Community College, Columbus, Ohio

Check-In begins at 9:00 am

*(Registration Deadline: September 26, 2014
and is limited to the first 300 participants)*

Institution Name: _____

Institution Type (Public/Private, 2-year/4-year, K-12 School, non-profit, etc.) _____

Website: _____

Participant Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail: _____

Please provide a vegetarian lunch option: ☐ Yes ☐ No

Does your school/university currently have students participating in PSEO or Dual Enrollment programs?

☐ Yes ☐ No

Please make checks payable to OADEP in the amount of \$35.00 for each participant and mail with a copy of this registration to:

Ohio Alliance of Dual Enrollment Partnerships
c/o Martha Crawmer, Treasurer
570 E. Leffel Lane, PO Box 570
Springfield, OH 45501-0570

OADEP's EIN# is 46-5247716