

Registration Form for Information Session

Thursday, October 17, 2002

Julia de Burgos Middle School
301 Lehigh Avenue
Philadelphia, PA 19133

AS/YD 12:30- 2:00 p.m.
Beacon School 2:30- 4:00 p.m.

Name of Organization

Number of People Attending _____

Please list the Names of those attending the AS/YD Session:

Please list the Names of those attending the Beacon School Session:

*Please fax this without a cover sheet to (215) 226-5477 by 5:00 p.m.
October 11, 2002.*