



Professional Development Workshop
Teacher Registration Form

Teacher Name: _____

Teacher Contact Number: _____

Teacher E-mail: _____

School: _____

Principal's Name: _____

School Address: _____

School Phone Number: _____

Workshop Date and Time: _____

All workshops are free for teachers attending an Explorations performance.

If so, please indicate:

Explorations show: _____ Order #: _____

Please return form to: *The Community Theatre*

100 South Street

Morristown, NJ 07960

Attn: Jenny Peters, Education Projects Coordinator

Or by fax: 973.455.1607 or e-mail: education@mayoarts.org

If not attending an Explorations performance, please include your payment
or Purchase Order of \$30.00 made out to: *The Community Theatre*