

Professional Development Credit for Attendees!

University of the Pacific is offering professional development credit for attendees of the California Reading Association's 50th Annual PDI. Participants *receive 1 semester credit for attending the entire 2 day event, for a cost of \$70* payable to the University of the Pacific. Participants must attend the full conference, signing in on Friday and out on Saturday to verify attendance.

Registrations forms are available on the CRA website,
www.californiareads.org

**You may pre-register by completing the attached form
and mailing 2 copies to:**

Jerry Kjeldgaard
University of the Pacific
981 Sierra Madre Dr. Salinas, CA 93901

or

you may register on-site.

For more information contact:

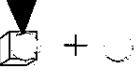
Jerry Kjeldgaard, Coordinator
Day (831) 783-1937 Evening (831) 758-1306

or

Lorenza Arengo-Yarnes at larengo@msmu.edu

[Registration form](#)





PLEASE COMPLETE FORM & PRINT CLEARLY
UNIVERSITY OF THE PACIFIC

THIS FORM
VOID IN OHIO

Seminar Date _____
City/State Reading Association

Attach Your Check Here
or provide credit card information.

CHECK ENCLOSED - PAYABLE TO UNIVERSITY OF THE PACIFIC
 VISA OR MASTERCARD NUMBER _____
EXPIRATION DATE: ____ - ____ Charge \$ 70 to my credit card.
"Required to Process" month year

Signature _____
(S25 fee for returned checks/declined credit cards.)

Post-baccalaureate semester units of credit from University of the Pacific, Center for Professional & Continuing Education. Professional Development Courses are for graduate participants who are NOT pursuing an advanced degree at UOP. Acceptable where local districts approve and applicable to state licensing where authorized. Tuition fees are nonrefundable. UOP is fully accredited by WASC.

REGISTRATION FORM

Highest Degree earned _____ From _____
Previously enrolled in Professional Development from UOP? YES NO

PLEASE PRINT NEATLY
WITH A **DARK BLACK OR BLUE PEN**

JKJ

Enrollment Date 10/20/17 Completion Date 10/21/17

COURSE NUMBER:

COURSE TITLE:

P E D U 9 7 5 6

Lighting the Torch for Literacy

S.S. # _____ HM: _____ BIRTHDATE _____
WK: _____
NAME _____
LAST FIRST MI

ADDRESS _____
CITY STATE ZIP _____

E-mail Address (Optional): _____

Please enroll me in:
Number of Semester Units of Credit..... 1
Fee Per Unit..... \$ 70
Tuition Submitted.... \$ 70