

Seneca Highlands Intermediate Unit Nine

CERTIFICATE OF PARTICIPATION

(when attending a conference or activity outside of IU9)

Name of Participant _____

PPID: _____

Entity (School District or IU) _____

Date(s) of Activity (*include year*) _____

Title of Activity _____

Number of Contact Hours _____

Provider of Activity _____

Authorized Signature (Workshop Presenter)	Title	Date
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*****This form must be accompanied by a breakdown of each workshop agenda in order for IU9 to submit as the Provider.***