PQMC-Continuing Education Enrichment Credit Sign-In Sheet

Workshop ID:

Course Name:	**Course Date:**
Location:	**Contact Name:**
	Contact email:
Instructor/Sponsor	**Contact Tele #:**
credits applicable to which category:	**length of course:**

Please place a Y or N next to your name if you are a PSTCA member

Tax Collector Name	PSTCAID#	Municipality	County	Signature

Please make sure contents are legible. Submit to PSTCA, P.O. Box 528, Somerset, PA 15501 or email to Secretary@pstca.org A $10.00 per credit fee must be submitted for all PSTCA non-members.