

Professional Development in the Humanities

Registration Form

Name(s), Titles/Positions _____

(Include names & titles of all
those from same organization) _____

School or Organization (if any) _____

Address, City, State, Zip _____

Phone/Fax _____

Email Addresses, Website _____

I am/ we are: Educator Staff Administrator Librarian
 Parent Other *please specify* _____

Number of years working in the field:

One year or less 2-5 years 5-10 years 10 years +

WORKSHOP: _____

Date: _____

Location: _____

Questions/comments:

Please mail or email to: AANNH (Arts Alliance of Northern New Hampshire)

Mail to: AANNH, c/o Frumie Selchen

HC64 Box 223, Wonalancet NH 03897

Email info@aannh.org.

This program is part of a partnership between the Arts Alliance of Northern New Hampshire and the New Hampshire Humanities Council.