



LEHIGH
UNIVERSITY

COLLEGE OF
EDUCATION

Teaching and Learning with Technology Summit

Registration Form

January 13, 2020

\$50.00/pp

Name(s) and PPID(s) (if applicable): _____

Address: _____

City, State, Zip: _____

Employer: _____

E-mail(s): _____

(Confirmations are sent via e-mail)

Please make checks payable to LEHIGH UNIVERSITY and mail with this form to Donna Toothman, College of Education, 111 Research Drive Bethlehem, PA 18015.

_____ My check is enclosed, made payable to Lehigh University.

_____ Purchase order will be utilized from my place of employment.

Please direct questions to Donna Toothman at DJT2@lehigh.edu or
610-758-3230. You may fax this form Donna at 610.758.3243.