



## REGISTRATION FORM FOR EDUCATOR IN THE WORKPLACE

Name of Educator or Counselor: \_\_\_\_\_  
Position: \_\_\_\_\_  
School District: \_\_\_\_\_  
Principal/Department Chair: \_\_\_\_\_  
Subject Area: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
School Address: \_\_\_\_\_  
School Phone: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

First Employer/Industry Sector Choice \_\_\_\_\_  
Second Employer/Industry Sector Choice \_\_\_\_\_

Should it become necessary to advise you of changes or updates, please provide the following information:

Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Personal Email Address: \_\_\_\_\_

Please note how you will share experience with your students/colleagues and how this experience will benefit your district.

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Educator/Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorizing School Official: \_\_\_\_\_

Date: \_\_\_\_\_

SUBMIT TO: Beaver County Chamber of Commerce  
Email: [energyamday@bcchamber.com](mailto:energyamday@bcchamber.com)  
Fax: 724-728-9737