



## Professional Circle Registration Form

**Please Check:**          Inservice Credit  
                                  Non Credit

**Title of Professional Circle:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **School Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**School Building:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Mail to:**  
**Peconic Teacher Center**  
**141 Narrow Lane, Southampton, New York 11968**