

SURVEYORS' CONFERENCE WORKSHOP INFORMATION WORKSHEET

DATE _____ SUBJECT _____ WORKSHOP # _____

NAME OF WORKSHOP _____

SCOPE OF WORKSHOP _____

INSTRUCTOR(S)

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Fax _____

Fax _____

E-Mail _____

E-Mail _____

WORKSHOP FOR: Business Aspects Advanced Surveying Hi-Tech
 GIS/LIS Basic Surveying Stormwater

REQUIRED NUMBER OF HOURS NEEDED FOR TOPIC (1 Workshop = 3 Hours Instruction) _____

ADDITIONAL INFORMATION _____

CONTACT (person submitting form)

Name _____

Phone _____

Address _____

Fax _____

E-Mail _____

**Return completed sheet to: Pennsylvania Society of Land Surveyors
801 East Park Drive, Suite 107, Harrisburg, PA 17111**