

## Reinhabiting Campus Neighborhoods Symposium

**Submit this form to:**

Pennsylvania Chapter of APA  
587 James Drive  
Harrisburg, PA 17112-2273

**Event Location: please indicate which event you are a resource for...**

Western Symposium, Indiana, PA  
 Eastern Symposium, Lancaster, PA

**Contact Information:**

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
2<sup>nd</sup> Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation/Title \_\_\_\_\_  
Employer/Business \_\_\_\_\_

**Which method of communication do you prefer?**

Mail  
 Email  
 Phone

**Lodging:**

Yes  
 No, not necessary  
If yes, please list any special requirements

\_\_\_\_\_  
\_\_\_\_\_

**Meals:**

Please list any dietary or other special needs

\_\_\_\_\_  
\_\_\_\_\_

**Travel:**

Please indicate if you would like travel reimbursement

Yes  
 No, not necessary

If yes, please indicate total number of miles traveled

\_\_\_\_\_  
\_\_\_\_\_

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