

LEADERSHIP INSTITUTE FOR FACULTY WOMEN

Persons Selected for Summer 2009 Institute

Campus: \_\_\_\_\_  
President: \_\_\_\_\_

The following persons have been selected to represent \_\_\_\_\_ (Name of PA-SSHE School)  
University of Pennsylvania at the 2009 Faculty Women Leadership Institute.

1. Name: \_\_\_\_\_  
Educational Degree: \_\_\_\_\_ Faculty Rank: \_\_\_\_\_  
Department: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Preferred method/location of contact after Spring semester:  
\_\_\_\_\_

2. Name: \_\_\_\_\_  
Educational Degree: \_\_\_\_\_ Faculty Rank: \_\_\_\_\_  
Department: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Preferred method/location of contact after Spring semester:  
\_\_\_\_\_

Alternate (Please clarify if funding is available for the third person.)

Name: \_\_\_\_\_  
Educational Degree: \_\_\_\_\_ Faculty Rank: \_\_\_\_\_  
Department: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Preferred method/location of contact after Spring semester:  
\_\_\_\_\_

Enclosed is a University check for \_\_\_\_\_ (\$2000 per person) payable to the PA-SSHE  
Women's Consortium.

Please send this form and payment by March 27, 2009 to: Colleen McQueeney  
Department of Exercise Science  
1871 Old Main Drive  
Shippensburg University  
Shippensburg, PA 17257