



Kamloops Thompson Teachers' Association

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A Local of the British Columbia Teachers' Federation

FORM E: PROFESSIONAL DEVELOPMENT REGISTRY INFORMATION

Please print all information on this form as it will go directly into the registry. If you do not wish your home phone/address published, please omit those sections.

Name: _____

*Current School _____

(If you change schools, please keep the office up-to-date)

Complete School Mailing Address:

Complete Home Address:

School Phone: _____

Home Phone: _____

TITLE OF WORKSHOP: _____

TARGET AUDIENCE: _____

NUMBER OF PARTICIPANTS (MIN. AND MAX.): _____

INFORMATION ABOUT THE WORKSHOP FACILITATOR:

DESCRIPTION OF WORKSHOP:

ADDITIONAL MATERIAL ABOUT WORKSHOP AND/OR WORKSHOP APPENDED: YES _____ NO _____

Prerequisites (if any):

Special requirements (if any):

When Available (if applicable): _____

Special facility required for workshop (please describe):

Equipment needed:

Other:
