

KAMLOOPS THOMPSON TEACHERS' ASSOCIATION

A LOCAL OF THE BRITISH COLUMBIA TEACHERS' FEDERATION

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FORM 'E' Request for Workshop Presentations

Name: _____
Date: _____
School: _____
Home Phone: _____
Minimum/Maximum # of Participants: _____
Name of Conference/Program/Activity: _____
Sponsoring Group: _____
Location: _____ Date(s): _____

Projected Expenses:

Cost of Speaker(s): _____ \$ _____
Travel: _____ \$ _____
Accommodation: _____ \$ _____
Meals: (# of breakfasts @ \$14/lunches @ \$16/dinners @ \$26) \$ _____
Other: _____ \$ _____

Revenue:

Projected cost to KTTA members: _____ \$ _____
Projected cost to non-KTTA members: _____ \$ _____
Funding from 'other' sources: _____ \$ _____

Net Expense: \$ _____

** Please forward this form, along with any supplementary information (such as a conference brochure) which would be of assistance to the PD Committee in their decision.

Describe the nature of the Workshop/Conference/Program/Activity:
