

VERNON TEACHERS'ASSOCIATION

4004-31 STREET VERNON BC V1T 5J6 TELEPHONE (250) 542-0456

www.Vernonta.com

Workshop Proposal

Email To: pdchair@vernonta.com

Name of Workshop:

Description of Workshop:

Any special instructions for participants must be included in this description. Ex. Bring...., Clothing, Food, Materials, etc...

REGISTRATION LIMIT:

or NO LIMIT

Enter number of participants

Biographical Information which you wish to appear with your workshop description (optional):

Enter your Biography below (70 words maximum)

List Workshop requirements here: Most rooms have projectors and/or screens/SMART boards Special Instructions for participants: Ex. Bring...... Wear....