



Mission Teachers' Union/CUPE/ Mission Public Schools

Friday, Feb. 17, 2023- PD Day

Mission Secondary School

Presenter Name: _____ School/Organization _____

Contact #: _____ Email: _____

Mailing Address : _____

Session Type: Workshop #1: 9:00- 11:20 _____ (break from 10:00 am – 10:20am)
and/or Workshops #2: 11:50 am – 2:10 pm _____(break from 12:40pm 1:00pm)
30 minute snack break between workshop 1 ending and workshop 2 starting 11:20- 11:50

Workshop Title/Topic: _____

Brief description of your workshop for the program: *(3-5 sentences, please, but if you require more please use reverse of sheet.)*

Minimum # of participants _____ Maximum # of participants _____. **These could be adjusted to meet Health and Safety requirements.**

Target Audience: Teaching level _____ EA's _____ Support Staff _____
CUPE _____ Other _____

Are parents welcome to participate in this workshop: Yes _____ No _____

Room Requirements: _____

Equipment/Materials needed: _____

Cost of Workshop: _____ (Includes Travel) or Travel: _____

Release Required: _____ Need handouts printed? _____

Please tell us a few things about yourself for your workshop introduction:

*Thank you for your prompt response and your support of Professional Development in our district:
Please return to Brianna Malet- Veale, Office Manager, MTU Office or email response to
mtu@missionteachersunion.com*