



Mission Teachers' Union/CUPE/ Mission Public Schools

Friday, Feb. 16, 2024 - PD Day

Hatzic Middle School

Presenter Name: _____ School/Organization _____

Contact #: _____ Email: _____

Mailing Address : _____

Session Type: Workshop #1: 10:00-12:00 _____ or Workshops #2: 1:00-3:00 pm _____
Or All Day Workshop: 10:00- 3:00pm _____

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: _____

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

External Facilitators only

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

Any other expenses (please specify): _____ Need handouts printed? _____

Internal Facilitators only

Release Required: _____ Need handouts printed? _____

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