



Mission Teachers' Union/CUPE/ Mission Public Schools

Friday, Feb. 14, 2025 - PD Day

Mission Secondary School

Presenter Name: _____ School/Organization _____

Contact #: _____ Email: _____

Mailing Address: _____

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

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 this form to the MTU Office mtu@missionteachersunion.com