



Partners in Teaching Workshop Registration Form

If you have any questions or require further information,
please call 604-875-6704 or email outreach@bcepilepsy.com

School/Organization/Facility: _____

Workshop Location: _____

Contact Person: _____ **Position:** _____

Phone Number: _____ **Fax Number:** _____

E-mail: _____

The Participants will be: (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Elementary School Teachers | <input type="checkbox"/> Secondary School Teachers |
| <input type="checkbox"/> Support Staff (SEA's, TA's, etc.) | <input type="checkbox"/> Students |
| <input type="checkbox"/> Early Childhood Educators | <input type="checkbox"/> Other: _____ |

Number of Participants: _____

Workshop Date: We offer Partners in Teaching workshops throughout the year. Please book as far in advance as possible to ensure that we're able to meet your requested date.

1st choice: _____

Workshop Time: We are able to offer workshops at various times for your convenience. This includes evening and weekend bookings.

Preferred time: _____

Workshop Duration:

- 45 minutes 60 minutes 90 minutes Other: _____

How did you hear about the Partners in Teaching program?

Comments: _____

Fax to: 604-875-0617 OR email to: outreach@bcepilepsy.com
Attention: Program and Communications Coordinator

We will contact you upon receipt of this form to confirm registration