



North Vancouver
Teachers' Association

PRO D WORKSHOP BOOKING FORM

WORKSHOP TITLE:

WORKSHOP DATE AND TIME:

LOCATION:

NAME OF PRESENTER/SHORT BIO:

WORKSHOP DESCRIPTION:

INTENDED AUDIENCE

K-3 4-7 8-12 General Support Staff (check all that apply)

Capacity: No Limit Maximum of ____ people

Please email completed forms to pdfoms@nvta.ca

240 – 233 West 1st Street, North Vancouver, BC V7M 1B3
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