



Please submit the completed Pro D Workshop Booking Form to the Pro D Chair for approval at pdfforms@nvta.ca. Once approved they will be added to Booking Central. All sections must be completed.

WORKSHOP TITLE: _____

(max: 100 characters)

WORKSHOP DATE: _____ **TIME:** From: _____ To: _____

LOCATION: _____

NAME AND EMAIL OF EACH PRESENTER:

SHORT BIO OF PRESENTER/S:

WORKSHOP DESCRIPTION: (max: 650 characters)

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

CAPACITY: No Limit Maximum of _____ people

OTHER: