



2ND ANNUAL PROFESSIONAL DEVELOPMENT WORKSHOPS FOR TEACHERS
July - August 2009

▶ ▶ ▶ ▶ ▶ **REGISTRATION FORM** ◀ ◀ ◀ ◀ ◀

** Please fax completed forms to the corresponding coordinating Division/Unit by 26 June, 2009*

Workshop Title: _____

Where there is a choice, please state the preferred workshop date: _____ / _____ / _____
dd mm yyyy

Teacher's Name: _____

Post: _____

Mailing Address: _____

Tel: (Home) _____ (Cell) _____ (Work) _____

E-Mail: _____

Name of School: _____

Telephone: _____ Email: _____

Teacher's signature

Principal's signature

Date: _____ / _____ / _____
dd mm yyyy

School Stamp:

