MEES – ELVEC IN-SERVICE ACTIVITIES FOR VOCATIONAL TRAINING TEACHERS

REGISTRATION FORM

(Please fill out and return to the In-Service Coordinator)

Section 1: Activity Information

Title: 2020 Software Training (Basic) **Date:** June 15, 2018

Time: 8:30am - 3:30pm **Tel:** (450) 691-2540 **Activity Site:** Nova Career Centre

Address of Activity: 70 (Civic No.) Maple Boulevard (Stree Name) Chateauguay (City) Quebec (Province) J6J 3P8 (Postal Code)

Animator: 2020 Design Laval, Canada (HQ)

Description:

GENERAL OBJECTIVE: Provincial wide opportunity for entry level teacher training in the industry standard Kitchen and Bathroom design software, 2020 Design. This computer assisted design program is instructed fully to students of the Interior Decorating and Visual Display program in the Modular Built-In competency. It may

Host School Board: 889000 - New Frontiers School Board

Contact Person: Amanda Lemay **Tel:** (450) 691-2540 **Fax:**

Section 2: Participants Information

ORDER OF PRIORITY

1. First & Last Name: **Position:**
Language of Instruction: ☐ English ☐ French **Work Phone #:** **Home Phone #:**
Requesting compensation for: Substitution (☐ Yes ☐ No) - Travel (☐ Yes ☐ No) - Meals (☐ Yes ☐ No)

2. First & Last Name: **Position:**
Language of Instruction: ☐ English ☐ French **Work Phone #:** **Home Phone #:**
Requesting compensation for: Substitution (☐ Yes ☐ No) - Travel (☐ Yes ☐ No) - Meals (☐ Yes ☐ No)

3. First & Last Name: **Position:**
Language of Instruction: ☐ English ☐ French **Work Phone #:** **Home Phone #:**
Requesting compensation for: Substitution (☐ Yes ☐ No) - Travel (☐ Yes ☐ No) - Meals (☐ Yes ☐ No)

4. First & Last Name: **Position:**
Language of Instruction: ☐ English ☐ French **Work Phone #:** **Home Phone #:**
Requesting compensation for: Substitution (☐ Yes ☐ No) - Travel (☐ Yes ☐ No) - Meals (☐ Yes ☐ No)

5. First & Last Name: **Position:**
Language of Instruction: ☐ English ☐ French **Work Phone #:** **Home Phone #:**
Requesting compensation for: Substitution (☐ Yes ☐ No) - Travel (☐ Yes ☐ No) - Meals (☐ Yes ☐ No)

Persons hereby registered have the prerequisites required to participate in the session. We agree to release them for the full length of the session.

School Board: Click on drop down arrow to choose an Item Name of Centre:

Name of Centre Principal / Director: *(please print)* Date

Signature of Centre Principal / Director Telephone Number

Return to: In-service Coordinator - Shelley Smythe
Fax: (450) 829-2398 - Email: ssmythe@nfsb.qc.ca - 46 rue Roy Ormstown, QC J0S 1K0

Modified on: *August 31, 2016*