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: Presentation Boards and Portfolio Development **Date:** May 25, 2018

Time: 9:00am - 3:00pm **Tel:** (514) 798-8798 **Activity Site:** Sources Adult and Career Centre

Address of Activity: 5080 (Civic No.) Sources Boulevard (Stree Name) Pierrefonds (City) Quebec (Province) H8Y 3E4 (Postal Code)

Animator: Philip Fontaine

Description:

General Objective: Interior Design presentation Boards and Portfolio Development.
Specific Objectives: Introduction to digital Presentation Boards, layout styles and techniques. Introduction to Pixlr, a digital graphic on-line accessible software used for digital content creation. Discussion on Presentation

Host School Board: 888000 - Lester B. Pearson School Board

Contact Person: Hania El Waraky **Tel:** (514) 798-8798 **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*