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| **2.1 Professional Development Activity Registration Form** |

Please have the form signed by the Centre Director & submit to Shelley at [vtinservice@nfsb.qc.ca](mailto:vtinservice@nfsb.qc.ca)

**Activity Information**

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| **Activity title** | **Colour My Cut** | |
| **Date** | **April 25, 2023** | **Time: 8:30am – 3:30pm** |
| **Location** | **Salon Pure**  **1445 Peel Street, Montreal , Quebec H3A 1T5** | |

**Participant Information**

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| **Name** | **School Board Email** | **Teacher** | **Attend View**  **In Person Recording** | | **Purchase Mannequin** |
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**Authorizing Signature**

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| Centre Director (please print) | Centre | email |
|  |  |  |
| Signature | date |  |
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