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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

**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 |
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| Signature | date |  |
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