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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** | **Medical Assistance in Dying** | | |
| **Date** | **April 11, 2023** | | **Time: 8:30am – 12:00pm** |
| **Location** | **Pearson Adult Career Centre**  **8310 George Street**  **LaSalle, Quebec H8P lE5** | **Attending in person:**  **Attending via live streaming:** | |

**Participant Information**

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| --- | --- | --- | --- | --- |
| **name** | **school board email** | teacher | other | Position title (if other) |
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**Authorizing Signature**

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