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: Most Common Skin Diseases in Dermopharmacy and Cosmetelogy **Date:** January 29, 2021

Time: 8:30am - 3:45pm **Tel:** (514) 374-4278 **Activity Site:** ONLINE - hosted by Laurier MacDonald Career Centre

Address of Activity: 5025 (Civic No.) Jean Talon Est (Stree Name) Saint Leonard (City) Quebec (Province) H1S 3G6 (Postal Code)

Animator: Lydia Gauthier M.Sc. Dermocosmetologist

Description:

GENERAL OBJECTIVE: General objectives compliment module 3 and 7 from the program of study. "Most common skin diseases in Dermopharmacy and Cosmetology".
SPECIFIC OBJECTIVES: Master the superposition of active ingredients with the use of prescribed drugs.

Host School Board: 887000 - English Montréal School Board

Contact Person: Antonella Anania **Tel:** (514) 273-6597 **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