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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** | **Visit to a Mushroom Grower** | |
| **Date** | **April 11, 2023** | **Time: 10:00am – 11:30am** |
| **Location** | **Blanc De Gris, 2152 Rue Moreau, Montréal, Quebec H1W 2M3**  **(at the back of the building)** | |

**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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