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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** | Update on Ostomy Care | |
| **Date** | November 11, 2022 | **Time:** 8:30 –12:00 (3 h workshop) |
| **Location** | **PACC** 8300 rue George  LaSalle H8P 1E5 | [**https://goo.gl/maps/HKvDgRK4u7RqHTF28**](https://goo.gl/maps/HKvDgRK4u7RqHTF28) |

**Participant Information**

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

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