

Professional Development Learning Events

Please submit this form to the ILS (nona.lynn@sd8.bc.ca) at least **THREE WEEKS PRIOR** to your event if possible.

Name of Event: _____
 Theme of Event: _____
 Facilitator of Event: _____
 Date: _____
 Time: _____
 Location: _____
 Food Information (if applicable): _____
 Target Audience: _____
 Budget Code (TTOC/CUPE): _____
 Zoom Link (if applicable): _____

Registration via Google form: Yes ___ No ___
 Registration via Zoom: Yes ___ No ___
 Event Description: _____

Bio and Photo of Speaker:
 (Please send photo electronically)

SD8 Department Contact Info:

Name _____
 Phone _____
 Email _____

Any other details required: _____

Once the promotional flyer has been created, it will be submitted back to the department contact for any final edits and then approval.

Once approved, it will be added to the SD8 Learning Events calendar.

The departments will be responsible for their own registration maintenance and workshop coordination and organization.