



OECA PD NETWORK WORKSHOPS

Workshop Application Form

OECA Unit Name: _____

OECA Unit Address: _____

City _____ Postal Code _____

Telephone: _____ Fax: _____

Unit President: _____ PD Chair Name: _____

Email Address: _____ Email Address: _____

Proposed Workshop (s): _____

Proposed Date for Workshops: _____

Proposed Time for Workshops: _____

Proposed Workshop Location: _____

Address of Location: _____

Telephone: _____

Unit President's Signature / PD Chair Signature

Date

Submit completed application forms to: Dianna David, OECA Professional Development Department

Fax #416-925-5251 or email: d.david@oecta.on.ca

Please note: Venue and Audio-Visual Equipment must be provided by host Unit