## Teacher Employment Services Presentation/Workshop Request Form

Please note that this request form should be submitted at least **four weeks** prior to the requested date. Print and save a copy of this form prior to clicking submit. We will confirm receipt of your request within 48 hours.

For a complete list of workshops and presentations, please visit: <u>My ATA > Professional Development > Workshops and Presentations</u> or, for more information contact <u>tes@ata.ab.ca</u>.

| Today's Date:   |                  |                                       |            |           |
|---|------------------|---------------------------------------|------------|-----------|
| Contact Name:   |                  |                                       |            |           |
| E-mail:   |                  | Phone Number:                         |            |           |
| Date Requested:   |                  | Start Time:                           |            | End Time: |
| Presentation/Workshop:  |                  |                                       |            |           |
| Location (name of school etc):                                  |                  |                                       |            |           |
| Address:  |                  |                                       |            |           |
| City:   |                  |                                       |            |           |
| Nature of Presentation/Workshop (eg School District or PD Day): |                  |                                       |            |           |
| Number of Participants Expected:                                |                  |                                       |            |           |
| Nature of Group:  | Teachers Adminis | strators                              | Preservice |           |
| Invoice To (TGSE/HI only):                                      |                  |                                       |            |           |
| Contact Name:   |                  |                                       |            |           |
| School/Organization   |                  |                                       |            |           |
| Address:  |                  |                                       |            |           |
| City:   |                  | Postal Code:                          |            |           |
| E-mail:   |                  | Phone Number:                         |            |           |
|   |                  |                                       |            |           |
| OFFICE USE ONLY:  |                  |                                       |            |           |
| SO Assigned:  |                  |                                       |            |           |
| Number of Participants Attended:                                |                  | Date Presentation/Workshop Confirmed: |            |           |

## **Additional Information**

You will receive a confirmation of your booking. You will also be contacted to discuss your specific requirements. If you have not been contacted two weeks prior to the presentation/workshop, please contact Teacher Employment Services at <a href="mailto:tes@ata.ab.ca">tes@ata.ab.ca</a>, 780-447-9400 or toll free in Alberta 1-800-232-7208.



