

MTCBC Professional Development Workshop (Held on the annual AMI Primary Refresher Course weekend)

February 7th & 8th, 2020 8:30am - 4:30pm

Name (as you want it to appea	r on Letter of Attendance)		
Address:			
City:	Province:	Postal	Code:
Home Phone:	Cell Phone:		
Email Address:			
School Name:			
International student:	□ yes; country:		no
	Montessori Educ	cational History (If appl	icable)
Name on Diploma:			
Training Centre:			
Level of Training:	Year of Graduation: Diploma Number:		
	Meal Preference	e (please check all that	apply)
	□ Tea	Regular (inclusion)	udes seafood and meat)
Vegetarian	□ Gluten free	Grain Free	Dairy Free
Allergies/food sensitivitie	es:		
	tion Form <u>ns@mtcbc-ami.org</u> OR	Registration R mail in before the registant stribution list?	ration deadline on January 31, 2020 s
	Registration F	ees in Canadian Dolla	S
Early Registration Fee, on o Registration Fee, on or after MTCBC Students:		2019:	\$ 350 \$ 375 \$ 200
Please note the method of p	ayment; (cheques paya	able to the Montessori Tra	ining Centre of BC):
□ cheque □ cash	money order	☐ wire transfer	□ Interac e-Transfer
Sponsorship: please note th	e contact person and/or	r the school	
Sign:		Date:	