

Creative Encounters Workshops 2010

Registration Form (*If you require additional space, please duplicate this form)

School Name: _____

Address: _____
(Number & Street, City, Postal Code)

Phone Number: _____ Contact Person: _____
(all workshop calls directed to this person)

E-mail Address: _____ Fax: _____

Workshop Date Requested: _____

Second Choice if this date is unavailable: _____

1st Workshop:

Workshop Title: _____

Teacher's Name: _____

Grade Level: _____

Number of Students in Class: _____

Workshop Slot (please circle one and mark time of this period below:

1 (before morning recess) 2 (after morning recess) 3 (before afternoon recess) 4 (after afternoon recess)

Time this slot falls at: _____
(Start Time – End time*)

2nd Workshop:

Workshop Title: _____

Teacher's Name: _____

Grade Level: _____

Number of Students in Class: _____

Workshop Slot (please circle one and mark time of this period below):

1 (before morning recess) 2 (after morning recess) 3 (before afternoon recess) 4 (after afternoon recess)

Time this slot falls at: _____

3rd Workshop:

Workshop Title: _____

Teacher's Name: _____

Grade Level: _____

Number of Students in Class: _____

Workshop Slot (please circle one and mark time of this period below:

1 (before morning recess) 2 (after morning recess) 3 (before afternoon recess) 4 (after afternoon recess)

Time this slot falls at: _____
(Start Time – End time*)

**** Please note that all workshops run for ONE (1) hour, excluding Exciting Engineering which has a duration of ONE AND A HALF (1.5) hours and Robotics 101 which runs for THREE (3) hours. Also, up to THREE (3) workshops can run simultaneously.