



PROFESSIONAL DEVELOPMENT REGISTRATION FORM – 16-17

This form can be used to register for any OFIS professional development event posted on the OFIS website – www.ofis.ca Please consult the 16/17 OFIS PD Calendar for event specifics required in completing this form

***Send Completed Registration Forms To: OFIS – 101 Holiday Inn Drive, PO Box 29011, Cambridge, ON N3C 0E6 or email scanned copy - info@ofis.ca**

****This form must arrive at the OFIS office 10 days prior to the registered event date**

Part A: Event Information (please print):

Please indicate the 2016/2017 Professional Development Event for which you are registering (see OFIS website for upcoming professional development opportunities) – www.ofis.ca

Event Title - _____

Date(s) of Event - _____

*Registration is non-refundable – If you contact us 24 hours prior to the event, registration can be transferred to another participant from the same school for the same event. If you contact us after the event no transfers are available.

Part B: Registrant Information (PLEASE PRINT):

Each Registrant must complete this Part A and Part B of the registration form

Last Name - _____ First Name - _____

Association Membership (If Applicable) - _____

Contact Information You Would Like Us To Use - Home Work

Address (Including Postal Code) – PLEASE PRINT

Email Address - _____

Telephone – (____)-____-____ Cell Phone – (____)-____-____

School Name - _____

Panel - Elementary Secondary Administration Board

Role At School - _____

Applicant Signature - _____

OFIS recognizes the important of privacy and the sensitivity of personal information. OFIS adheres to privacy policies and is compliant with the Protection of Personal Information and Electronic Documents Act. Your personal information will not be shared with 3rd parties..

Part C: Professional Development Fee Payment – please check all applicable boxes:

Membership Status OFIS Member Non-Member
(16/17 School Year)

Price Selected - Member - \$_____ Non-Member - \$_____

Please check those which apply:

There are multiple members of my school attending the same OFIS Professional Development Event – 15% discount – each registrant can claim discount

Name of Colleague(s) - _____

*OFIS must receive all completed registration forms together for this discount to be claimed

!!NEW!! - This registration is for an OFIS PD Passport – registration for both fall and spring learning days + one full-day on-site PD event - \$1000 – 25% of paid 16/17 membership fees

This registration is for all 6 *Instructional Excellence For Teachers* modules from the same school)

Event Price – (Based On Membership Status Above) \$ _____

Less Multiple Registrants Discount (All Forms Must Be Together) \$ _____

OFIS PD Passport (Fall AND Spring Learning Days + 1 On-Site In-service Day) \$ _____

Teacher As Leader Package (Instructional Excellence Modules) \$ _____

(All Forms Must Be Together) **TOTAL** \$ _____

I am including multiple registration forms

I am including a cheque for the total amount

***Mail Complete Forms & Payment to: OFIS – 101 Holiday Inn Dr., PO Box 29011, Cambridge, ON, N3C 0E6 or email to info@ofis.ca – must be received in our office 10 days prior to scheduled event**

Part D: Signature(s):

Your signature is confirmation of your registration and payment for the selected event or package.

Name of Signing Officer - _____

Signature - _____

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