

Let's Talk About Touching (LTAT) **Teacher Training**

Let's Talk About Touching (LTAT) Teacher Training

Thursday, May 12 from 8:00 a.m. to 5:00 p.m. and Friday, May 13 from 8:00 a.m. to 6:00 p.m. Radisson Hotel Vancouver Airport, Richmond BC (Vice Regal Room)

Registration Information:

- LTAT Teacher Training is available for early childhood educators holding a current license, and for elementary school teachers.
- Early childhood educators must submit a copy of their current license with their LTAT registration form.
- Workshop participants must attend all four sessions on Thursday, May 12 and Friday, May 13, 2011.
- Workshop participants registered for the two-day LTAT workshop will not be able to attend Conference plenary sessions or workshops on Friday, May 13, but are able to register for Conference sessions on Saturday, May 14, 2011.
- Registration is on a first come, first served basis upon receipt of payment (payment must be received with LTAT registration form).
- Please note that there are only 25 spaces available for the LTAT workshop, and tend to fill up quickly.
- Workshop participants will receive a certificate of participation for 14.5 hours of instructional time upon completion of training.

Workshop Fee:

- \$255.00 (includes registration for both days, coffee, lunch and the Let's Talk About Touching kit)
- Payment must be received with registration forms (and a copy of your current ECE license, if applicable), and can be made by cheque, Visa or MasterCard.

Cancellation:

- The registration fee, less a \$40.00 administration fee, will be refunded if cancellation requests are received in writing by Friday, April 8, 2011.
- Cancellations after April 8, 2011 will be non-refundable.

For more information, please contact Yasmin Irani at 604.709.6063, ext. 1 or 1.800.797.5602

Fax: 604.709.6077 Email: membership@ecebc.ca



LTAT Teacher Training Registration Form

Let's Talk About Touching (LTAT) Teacher Training

Thursday, May 12 from 8:00 a.m. to 6:00 p.m. and Friday, May 13 from 8:00 a.m. to 4:30 p.m. Radisson Hotel Vancouver Airport, Richmond BC (Vice Regal Room)

Registrant Information:

Name (please print)		Email	
Mailing Address			City
Province	Postal Code		Phone Number
Employment Informatio	n:		
Name of Employer (please pr	int)		
Mailing Address			City
Province	Postal Code		Phone Number
Supervisor's Name		 Email	
Payment Options: Cheque VISA MasterCard			
Credit card number:			Expiry date:/
Signature:		Name o	on Card: