

## Application for Use of ECEBC Logo for Professional Development Events

Name of the Proposed Event:  Name of the Proposed Event:  Name of the Presenter:					
			Descri	otion of the activity/workshop content:	
Hours	of Professional Development:				
	rstand and verify by my signature below, the ped event:	at in agreeing to use the ECEBC Logo for the above			
1.	The event will educate participants on top practice.	ics that are relevant to and enhance their professional			
2.	The event will be consistent with ECEBC's values and mission statement.				
3.	. This authorization is valid for this event on this date only.				
4.					
5.	ECEBC staff at the Provincial Office.  Certificates for the event will include a short descriptor of the activity content, the name of the facilitator or sponsoring body, and will be signed by the President, Executive Director, and/or Branch Chair.				
	of the Branch Chair	Signature			
(or Me	mber in Good Standing if no Branch)				
Signature of the Executive Director (authorizing the use of the Logo)		Signature of the Membership Coordinator (authorizing the use of the Logo)			



## Please read prior to filling out and submitting the Application for Use of ECEBC Logo for Professional Development Events:

- 1. Applications must be filled out and submitted by the local Branch Chair, or if there is no active local Branch, by a member in good standing who agrees to the terms outlined on the form.
- 2. Applications will be submitted to ECEBC's Executive Director, who will consult with Director of Professionalism. Notification of approval will be sent within one week of receiving applications.
- 3. A certificate with the signatures of ECEBC's Executive Director and President (or Branch Chair) will be issued for the event and sent with the approval to use the logo for the specified event.
- 4. Names of the workshop attendees must be submitted within one week of the event to ECEBC's Membership and Bursary Administrator.

Please submit application forms to:

snygren@ecebc.ca