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| **Booking timeline**  | *Requested eight weeks prior to workshop date. Events can be requested after this timeframe. To ensure access to a large selection of programming please allow as much time as possible.* |
| **Contact Name & MTS#:** |  |
| **Contact Telephone Number:** |  |
| **Contact Email Address:** |  |
| **Workshop Location/Address:** |  |
| **Address for Invoicing:** |  |
| **Workshop Topic Requested:** |   |
| **Expected Number of Participants:** |  |
| **Of the expected participants please indicate how many are members of MTS:** |  |
| **Preferred Date of Workshop:** |  |
| **Alternate Date:** |  |
| **Start/End Time for the requested events:****(Please be as specific as possible)** |  |
| **Budget for the event:** |  |
| **Additional Funding:** Through Balance we help to subsidize the cost of wellness programming. In order to track the overall cost to members please indicate where any additional funding is coming from for this requested event. Please select all that apply from the following options: | 1. Funds from your local Association
2. Teacher contributions to a school based PD/Wellness program
3. Funds allocated through the Division
4. Other: Please describe
 |
| **Nature of Workshop: (division or school PD day)** |  |
| **Comments/Instructions/ Special Requests** |  |