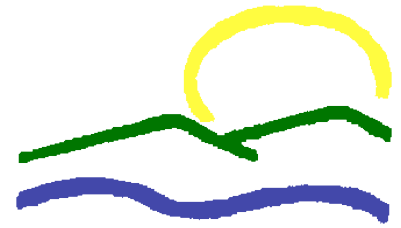




BCATML Presenter Proposal Form



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www.bctf.bc.ca/psas/BCATML

Presenter Information:

Name:		Email:	
Address:		Phone (home):	
City, Province:		Phone (work):	
Postal Code:		Fax:	

Company Information (if applicable):

Contact name:		Email:	
Position:		Telephone:	
Company:		Home phone:	
Address:		Fax:	
City, Province:		Postal Code:	

Workshop title:	
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Target Language (tick all that apply)

- Specific to the target language
- Delivered in English with target language examples
- Generic (applicable to all languages) delivered in English

If target language which one(s):	
Applicable grades:	

Description:

This description will appear in the program. Description may be edited for brevity and clarity. (Language of description must correspond to language of workshop, e.g., if language is Mandarin, please provide a typed description in Mandarin and a summary in English.)

Submit to Sandi Kostur (kostur_s@sd36.bc.ca) & Neal Michael (michael_n@sd36.bc.ca)