

**MSBA / MTS
WORKPLACE SAFETY AND HEALTH
TRAINING FOR SCHOOL REPS 2024-2025**

REGISTRATION FORM

I, _____ will attend in my capacity as _____
(Custodian, EA, Administration, Trustee, etc.)

School Division: _____

Please choose one session. All sessions are from 9:00 a.m. to 4:00 p.m. Lunch is provided.

- September 17 – Swan River** – *Swan Valley School Division, 1481 Third St. N, Swan River*
- September 23 – Flin Flon** – *Hapnot Collegiate Institute, 115 Green St. Flin Flon*
- September 24 – The Pas** – *Location TBD*
- October 8 – Thompson** – *Location TBD*
- October 9 – Thompson** – *Location TBD*
- October 15 – Turtle Mountain/Southwest Horizon** – *Killarney United Church, 432 Williams Ave., Killarney*
- October 21 – Winnipeg** – *The Manitoba Teachers' Society, Auditorium, 191 Harcourt St., Winnipeg*
- October 30 – Hanover School Division** – *Division Office, 5 Chrysler Gate, Steinbach*
- November 27 – Winnipeg** – *The Manitoba Teachers' Society, Auditorium, 191 Harcourt St., Winnipeg*
- November 29 – Rolling River School Division** – *Board Office, 36 Armitage Ave., Minnedosa*

Updated Registration forms will be sent out as more dates/locations are arranged.

DIETARY RESTRICTIONS / ALLERGIES (if any): _____

Should we need to notify you of any changes to the Workshop, please provide your e-mail address and/or phone number where we can reach you during the day.

E-mail: _____ Phone (daytime Monday-Friday): _____

Please return this form to Nicole Bernard at The Manitoba Teachers' Society, via:

1) Fax: 204-831-0877 or **2) E-mail:** nbernard@mbteach.org