



Every child belongs

Workshop on the Move Request Form

Please email this request to citywidetraining@humber.ca or fax this form to 416-675-2015 attention Anna Patola or Amy Azzopardi

Centre name & address: _____

Contact person: _____

Email & phone contact: _____

Number of staff: _____

Who is your special needs resource consultant? _____

Title of workshop requested: _____

Comments: (please indicate the length of time for the presentation)