2026 Fall Workshop Registration

October 16 & 17 (Check in/Registration begins 4:00pm Friday, Oct 16)
Quality Inn, Summerside

PLEASE RETURN FORM BY September 24th
Civic #8038 Rt. 12 East Bideford, Ellerslie RR#2, PEI C0B 1J0

If you wish to submit this information on-line, please visit the Community School website at:

http://www.peicommunityschools.com/fall-workshop/

and complete the online form. An updated schedule of events will be kept there as well.

- **Cost for this workshop is $20 per person**
- **Committee members and Instructors are welcome**
- **Board Members attend for free**
- **Please ensure that there are 2 voting delegates present from your school for Friday night's AGM**

Note: the PEI Association of Community Schools ***pays for most of the cost of this workshop*** as a means of making it accessible to all members of our association. Your participation is integral to the Association's ability to do its job. We do have a few guidelines that we ask participants to abide by in order to make the event as effective and pleasurable as possible for all involved:

- Please return your registration form in a timely fashion so that we can ensure that there are enough rooms and food for all in attendance.
- Note that this is a peanut-free gathering.
- Attend sessions which interest you and that you wish to participate in … sub-conversations happening in a large room full of people while someone is speaking/presenting only diminish the value of the event for everyone involved.

School:

Name	Chair	County	Type
_____	_____	❑ Prince ❑ Queens ❑ Kings	❑ Fall ❑ Winter ❑ Seniors

Registrants:

Hotel rooms are provided based on the premise that there will be ***2 attendees per room***. If you are unable to pre-arrange whom you will be sharing with then we will do our best to pair you up with a suitable match.

Please also let us know which meals you will be present for and if you have any special dietary needs. See the back of the form to list the participants who will be attending on behalf of your school.

Name & email/phone Roommate (sharing with)	PLEASE CHECK ALL THAT APPLY						
	Committee Member	Instructor	First Time Attendee	Friday Supper	Friday overnight	Saturday Breakfast	
Name: Email/ph: Roommate:	❑	❑	❑	❑	❑	❑	

NOTES (dietary restrictions etc …):

Name: Email/ph: Roommate:	Committee Member	Instructor	First Time Attendee	Friday Supper	Friday overnight	Saturday Breakfast	
	❑	❑	❑	❑	❑	❑	

NOTES (dietary restrictions etc …):

Name: Email/ph: Roommate:	Committee Member	Instructor	First Time Attendee	Friday Supper	Friday overnight	Saturday Breakfast	
	❑	❑	❑	❑	❑	❑	

NOTES (dietary restrictions etc …):

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NOTES (dietary restrictions etc …):