



ONTARIO

The voice and vision of special education

# Ontario CEC Professional Development Application Form

## PART A

**PURPOSE OF APPLICATION:** To provide financial support to Chapters/Subdivisions in the provision of professional activities to its members and those supporting students with special needs.

**NAME (S) OF PARTICIPATING CHAPTER(S) or SUBDIVISION(S)**

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**Professional Development CO-ORDINATOR(S):**

1. \_\_\_\_\_  
Name Chapter Name and Number/Subdivision

Phone: Business Home Fax

2. \_\_\_\_\_  
Name Chapter Name and Number/Subdivision

Address and Postal Code Phone: Business Home Fax

**SUGGESTED DATE (S) OF Professional Development:**

\_\_\_\_\_ OR \_\_\_\_\_

**PROPOSED LOCATION OF Professional Development:**

\_\_\_\_\_  
Name Type of Centre (e.g. School)

\_\_\_\_\_  
Address and Postal Code Phone



