



Early Professional Development Project

Information Evening

School Name and Address: _____

Roll Number: _____

School contact phone number: _____

School contact email address: _____

Names & contact details of teachers who will attend the initial information evening:

Name _____ Mobile _____ Email _____

Name _____ Mobile _____ Email _____

at _____ (specify preferred venue)

Signed: _____ Principal

Please return this booking form by January 19th to:

**The Education Centre,
Dromtacker,
Tralee,
Co. Kerry.**

Phone: 066 7195000

Fax: 066 7195091

e-mail: jackie@edcentreralee.ie