

Desired Length of Educational Activity:

___ Minutes
___ Hours
___ Days

Target Audience (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Health Care Aide |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Interdisciplinary Team |
| <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Student |
| <input type="checkbox"/> Dietetics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Other: _____ |

Estimated Size of Audience: _____**Planned Location:** _____**Preferred Date/Time:** _____**Alternate Date/Time:** _____

Signature: _____ Date: _____

Please fax your completed application form to (780) 735-7640 six (6) months in advance of your preferred presentation date(s). Please do not advertise the event or accept participants' registrations until we confirm this educational activity.

For further information, you may contact:
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