



College of
Physicians
& Surgeons
of Alberta

2700 - 10020 100 Street NW
Edmonton, AB, Canada T5J 0N3

Application to Request a CPSA Speaker

First Name: _____

Last Name: _____

Phone #: _____

Email: _____

Organization you represent: _____

Date and time of speaking engagement: _____

Location of speaking engagement: _____

Proposed Topic(s)?

Audience description (who are they, how many are there, what do they know about the presentation topic requested?)

Description of room set up: _____

Presentation type? (interactive, didactic): _____

Other speakers? (list names): _____

Other pertinent details:

**Please PRINT AND RETURN your completed form to: CPSA COMMUNICATIONS DEPARTMENT at
FAX: 780-420-0651 EMAIL: info@cpsa.ab.ca**