



CMEA/ACME Joint Workshops Application Form

Name of organization: _____ Date _____

Contact person _____

Address _____

Phone _____ Fax _____

Email _____

Conference Dates _____

Conference Location _____

Cheque to be made out to _____

Proposal: a brief description of who will be delivering the workshop (attach a bio) and the content of the session (300 word maximum)

Budget

A) Expected expenses:

B) Amount requested of CMEA:

Acceptance of this funding will incur a responsibility on the MEA's part to acknowledge the contribution of the CMEA/ACME
(1) in the conference program (though the use of the CMEA/ACME logo where possible),
(2) in the correspondence inviting the clinician, and
(3) when the clinician is introduced.

Signature _____

Mail the form to:
Betty Hanley
Box 849
Terrace Bay, ON P0T 2W0

Or request an electronic form from bhanley@uvic.ca