



Pregnancy-Related Issues in the Management of Addictions

Community Presentation Pre Approval Form

Primary Presenter's Name (Please print)

Discipline

Co-presenter's Name(s)

Discipline(s)

Address

Phone

Email

Presentation Location

Date

Target Audience

Number of people invited

Presentation hour(s) (#you plan on presenting)

Type of presentation (rounds, lunch and learn,etc)

Focus/Topic of Presentation

Pre-approval needed for approval of anticipated costs

Anticipated Costs

- Rental Fee Amount \$
Refreshments Amount \$
Mailing Amount \$
Photocopying Amount \$
Other Amount \$

Total \$

How many PRIMA laminates would you like to receive?

Mailing Address you would like them sent to:

Name (person or business)
Street
City, Province
Postal Code
Phone #

Fax to Dr. Deana Midmer prior to your presentation
Fax number: 416 767 6962