



1. Is this session being offered as part of a larger, multi-session event (e.g., this is one session of several that will be offered as part of a half-day, full-day or multi-day event)?

☐ Yes ☐ No

2. Please indicate which module(s) will be presented (check all that apply):

- ☐ Module 1: Anaphylaxis background  
☐ Module 2: Role of pharmacists in anaphylaxis  
☐ Module 3: Delivering interdisciplinary anaphylaxis care

3. Please **“save as”** to your desktop and then proceed with completing the Event Request form:

Your name:

Your address:

Your phone number:

Your email address:

Date & time of your program:

Duration of presentation:

Venue name and address (*for live events only*):

Speaker's name:

Suggested honorarium:

Speaker's email address:

Moderator's name:

Suggested honorarium:

Moderator's email address:

Estimated cost of meals/refreshments (per person)\*:

Name of caterer (if applicable):

Please list your expected participants on page 2

Please email the completed form to the following address: [ethicalreviews@sta.ca](mailto:ethicalreviews@sta.ca)



Expected participants: