

## Application Form for Local CPD Events

*Please complete in full*

Name of event:		
Location of event:		
Date of event:	City:	Province:
Academic Centre/Hospital/University:		
Program Director/GIM Division Head:		Email:
Has the above been informed of the event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note that funding is limited to a max of \$500 per site (i.e., academic centre/university or community hospital/practice group) per year and up to two events per year; refer to the terms of reference, <a href="#">click here</a> .		
Chair of the event:		Email:
Presenter(s) and topic:		
Provide a brief outline of the event:		
<input type="checkbox"/> I have reviewed the <a href="#">Terms of Reference</a> .		
Name of the CSIM Member or Associate who is organizing/chairing the session and will address attendees about the CSIM and membership benefits:		
Email:		
For CSIM Member and Associate eligibility and to join the CSIM, please <a href="#">click here</a> .		

**CSIM will send materials for distribution at your event. Please complete in full:**

Anticipated number of attendees:		
We agree to circulate CSIM materials at the event: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Target audience: Physicians <input type="checkbox"/> Residents <input type="checkbox"/> Medical Students <input type="checkbox"/> Other		
Name of person to receive CSIM materials:		
Mailing address:		
City:	Province:	Postal Code:
Tel:	Email:	

The CSIM will provide funding of up to \$15 per person per event (based on the number of people who sign the attendance sheet) to cover the cost of food/refreshments and logistics. A site may receive funding for up to two events per year and funding is limited to a maximum of \$500 per site per calendar year.

**Please email your completed application to the CSIM Office**  
[info@csim.ca](mailto:info@csim.ca) / Fax: 613-249-3326

**Funding is not guaranteed until the CSIM has granted approval; please allow at least four weeks for the approval process.**