

# LABCONIC-Saskatoon Speaker Proposal

Submission deadline: September 13, 2024

Submit completed form to [events@csmls.org](mailto:events@csmls.org)

**Presenter information:** (for group presentations, please select one contact person)

Name:		Credentials:	
CSMLS ID #:		Telephone:	
City, Province:		Postal code:	
Email:			
Name of employer:			
Job title:			
Twitter handle: (if applicable)			

**Additional Presenters** (if applicable):

Name(s), credentials and email:	
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**Presentation Information:**

Title:	
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**Type:**  Lecture  Panel

**Length:**  30 mins.

**Please select the category/discipline of your presentation:** (max. of 2 categories)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Chemistry         | <input type="checkbox"/> Histotechnology           | <input type="checkbox"/> Pre - Analytical        |
| <input type="checkbox"/> Clinical Genetics | <input type="checkbox"/> Immunology                | <input type="checkbox"/> Quality                 |
| <input type="checkbox"/> Cytogenetics      | <input type="checkbox"/> Information Technology    | <input type="checkbox"/> Safety                  |
| <input type="checkbox"/> Cytology          | <input type="checkbox"/> Management                | <input type="checkbox"/> Transfusion Science     |
| <input type="checkbox"/> Education         | <input type="checkbox"/> Mental Health/Stress Mgmt | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Ethics            | <input type="checkbox"/> Microbiology              |  |
| <input type="checkbox"/> Hematology        | <input type="checkbox"/> Point of Care             |  |

**Please select the knowledge and experience level of your presentation:**

- Introductory: applicable to those with little to no knowledge of the subject
- Advanced: applicable to those with considerable knowledge of the subject

## Session Information

CSMLS will use this information for marketing and promotional activities including the CSMLS website. Note that CSMLS will edit this information for clarity and length, as needed.

**Learning Objectives:** (please include 3-5 outcomes for session attendees)

At the end of this session, you will be able to:
1.
2.
3.

**Session Description (100 words):**

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**Speaker Bio(s) (max. 100 words):**

*(For group presentations, please include information for all presenters within the maximum word count.)*

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**Terms and Conditions:**

I understand that if I am chosen to speak I will be paid an honorarium of \$100 per session. CSMLS will not cover travel, accommodations, per diems or any other costs associated with creating the presentation or attending the event.

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Date (MM/DD/YYYY)

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