



**65th Annual Meeting of the Canadian Association of Pathologists
65^e Assemblée annuelle de l'Association canadienne des pathologistes
July | Juillet 12-15, 2014 | Toronto, ON**

Please complete this form and return it electronically to: info@cap-acp.org by
February 28, 2014.

Title of Symposium:

Director:

Name: _____
Title: _____
Institution: _____
Address: _____
Tel: _____ Fax: _____
E-mail: _____

Co-Director:

Name: _____
Title: _____
Institution: _____
Address: _____
Tel: _____ Fax: _____
E-mail: _____

Format:

Lecture Digital Camera

Audio Visual Equipment:

A computer and data projector will be provided. Please specify any additional equipment required:



Objectives Form

Educational Objectives:

Please list 3 or more. The objectives should be written from the perspective of the learner, descriptive of what the learner will gain in knowledge, skills and attitudes as a result of participating in the event; and written to enable evaluation of achievement by the planners and participants.

Please use verbs that denote an observable action, such as “list, explain, summarize, discuss, compare, etc.”, and avoid words that indicate emotions or feelings such as “know, learn, appreciate, understand, recognize, etc.”

At the end of the session, the participants will be able to:

Description:

Please provide a summary of symposium. At the end of your summary please indicate your target audience, for example, “The lecture will be of value to: pathology residents, PAs, general and anatomic pathologists.”

Biography:

Please provide a short bio (5 line paragraph)

Signature: _____

Date: _____