Primary Care Alberta

Session Request Form (Please complete the table below, copy it, and send it to us)

Preferred Date and Start Time	Requesting Organization	Requester name, email, cell phone (for the last min issues)	Requesting Topic (eg. HIS, CHF etc.)	Requested language (Available languages: English, Cantonese, French, Korean and Mandarin)	Expected number of participants	Participants' age group, gender and language level	Virtual: Who will provide the zoom link? In-person: Full location and address