

Rady Faculty of
Health Sciences



UNIVERSITY
OF MANITOBA

Request for CPD Conference or Event Planning Services

Thank you for your interest in our conference and event planning services. Before work can begin on any event, the CPD Medicine Office requires the following information. Please answer the questions below to the best of your ability at this point in your planning. **This form must be returned to the CPD Medicine Office a minimum of 8 weeks before the event takes place.**

Program Name:

Is this the first time this event is being held? (y/n)

Brief Program Description:

Tentative Agenda:

Program Format (e.g. lectures; small group workshops; skills sessions etc.)

Target Audience:

Program Director/Chair:

Has a Planning Committee been established? (y/n)

Contact Person Name:

Phone Number:

E-mail address:

Alternate Contact Name:

Phone Number:

E-mail address:

Date(s) of Event/ Preferred

Date(s) of Event:

Approximate Start Time:

Approximate End time:

Venue/Location of Event (known or preferred):

**Proposed Registration Fee(s):
(if known)**

Type of Study Credits required

Royal College of Physicians and Surgeons of Canada (MOC) (y/n):

College of Family Physicians of Canada (Mainpro) (y/n):

Other (please specify):

Expected number of Registrants:

Are you planning to have commercial Exhibitors/Sponsors (y/n)?

If so, how Many?

How Many Speakers/Facilitators will you have?

How many from outside of Winnipeg?

What type of services are you seeking?

Full Event Coordination (see fee guide) (y/n)?

Other Details:

Online Registration and Payment Only (see fee guide) (y/n)

Other Details box