

## CAVD SPEAKER INFORMATION FORM

<b>SPEAKER NAME</b> (first and last with credentials): _____		
<b>ADDRESS:</b> _____ _____		
<b>EMAIL:</b> _____		
<b>Telephone</b> (Business): _____		<b>Telephone</b> (Mobile): _____
<b>PREFERRED CONFERENCES / PREFERRED LOCATIONS (<i>Canada Only</i>):</b>		
<input type="checkbox"/> Ontario Veterinary Medical Association Conference (January - Toronto) <input type="checkbox"/> Central Canadian Veterinary Conference (February - Winnipeg) <input type="checkbox"/> Ontario Association of Veterinary Technicians Conference (March - Toronto) <input type="checkbox"/> Annual Convention of the Académie des Médecins Vétérinaires du Québec (April - Montreal) <input type="checkbox"/> Atlantic Provinces Veterinary Conference (April - Halifax) <input type="checkbox"/> Canadian Veterinary Medical Association Convention (July - location moves) <input type="checkbox"/> Saskatchewan Veterinary Medical Association Conference (September - Saskatoon/Regina) <input type="checkbox"/> CanWest Veterinary Conference (October - Banff) <input type="checkbox"/> Congrès Vétérinaire Québécois (November - Quebec City) <input type="checkbox"/> Canadian Veterinary Medical Association/Society of British Columbia Veterinarians Chapter Fall Conference (November - Vancouver) Other: _____		
<b>Do you prefer to lecture in:</b> <b>ENGLISH</b> _____ <b>FRENCH</b> _____ <b>EITHER</b> _____		
<b>SUGGESTED TOPICS:</b>		
<input type="checkbox"/> Alopecia <input type="checkbox"/> Antibiotic resistance <input type="checkbox"/> Atopic dermatitis <input type="checkbox"/> Case studies <input type="checkbox"/> Demodicosis <input type="checkbox"/> Dermatophytosis <input type="checkbox"/> Diagnostics <input type="checkbox"/> Equine dermatology	<input type="checkbox"/> Feline pruritus <input type="checkbox"/> Food allergy <input type="checkbox"/> Immune-mediated skin diseases (pemphigus, etc) <input type="checkbox"/> Malassezia <input type="checkbox"/> Mistakes/misconceptions <input type="checkbox"/> Otitis <input type="checkbox"/> Pyoderma <input type="checkbox"/> Topical therapy	
Other (please specify): _____		

**SPEAKING ENGAGEMENTS DURING THE LAST THREE YEARS** (*attach additional pages*):

Name of Session(s): \_\_\_\_\_

Date Presented: \_\_\_\_\_ Province/State/Country: \_\_\_\_\_

Convention Presented: \_\_\_\_\_

Name of Session(s): \_\_\_\_\_

Date Presented: \_\_\_\_\_ Province/State/Country: \_\_\_\_\_

Convention Presented: \_\_\_\_\_

Name of Session(s): \_\_\_\_\_

Date Presented: \_\_\_\_\_ Province/State/Country: \_\_\_\_\_

Convention Presented: \_\_\_\_\_

Name of Session(s): \_\_\_\_\_

Date Presented: \_\_\_\_\_ Province/State/Country: \_\_\_\_\_

Convention Presented: \_\_\_\_\_

Name of Session(s): \_\_\_\_\_

Date Presented: \_\_\_\_\_ Province/State/Country: \_\_\_\_\_

Convention Presented: \_\_\_\_\_

Are you willing / able to organize a webinar? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing / able to organize a wetlab? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing / able to organize an interactive session? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to lecture to: Only Veterinarians \_\_\_\_\_ Only Technicians \_\_\_\_\_ Both \_\_\_\_\_

**BIOGRAPHY** (*attach additional pages*) - If you lecture in both languages, please supply **BOTH English and French versions**.

**ADDITIONAL MATERIAL** - Please provide:

1. **Three preferred abstracts** - *Three (half day of content) to five/six (full day of content) preferred abstracts of 250 words or less (attach additional pages). Speaking slots are at least 50 minutes each. If a lecture has a large amount of material, it may be divided into two parts (part 1 and 2). Please specify the type of presentation (lecture, wetlab, webinar, interactive session). **If you lecture in both languages, please supply BOTH English and French versions.***

2. **One or two high resolution vertical professional headshot style photo(s) in JPEG/JPG format** (at least 300 dots per inch and 1 megabyte).

**Submission Deadline - November 15, 2015**

**PLEASE EMAIL THE SPEAKER INFORMATION FORM, ABSTRACTS AND PHOTO(S) TO:**

[cavd@sasktel.net](mailto:cavd@sasktel.net)