



Request to Attend Council Meeting

Name: _____

Organization: _____

Email Address: _____

Phone: _____

Date of Council Meeting: _____

I wish to attend as an observer

I wish to present to Council

Topic of Presentation: _____

Signature: _____ Date: _____

Please note: Submitting this form does not automatically authorize the applicant to attend a Council meeting. The request will be considered by the Executive Committee of Council and you will be notified of their decision.

Please forward completed requests to the PEI College of Pharmacists
email: info@pepharmacists.ca
fax: 902-629-6946
Mail: 375 Trans Canada Hwy, PO Box 208, Cornwall PE, C0A 1H0