



PRINCE EDWARD ISLAND  
**COLLEGE OF PHARMACISTS**

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

### 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](mailto:info@pepharmacists.ca)  
fax: 902-628-6946  
Mail: 375 Trans Canada Hwy, PO Box 208, Cornwall PE, C0A 1H0