

Health Advisory Council Request for Presentation and Agenda Items

Topic:

Presenter:

Organization:

Phone:

E-mail:

Duration of Time Requested:

Meeting Date Requested:

Do you want to:

a. **Make a presentation**

b. **Provide written materials**

Short summary of the subject:

Issues related to the subject:

Support and/or action requested of the Council:

Requested By:

Date Submitted:

Please e-mail completed form to: community.engagement@albertahealthservices.ca