



**Premium Services  
Managed Videoconference Event  
Request Form**

Please submit the completed form by fax (1-866-454-6867) or by email to [events@otn.ca](mailto:events@otn.ca)

ORGANIZER'S CONTACT INFORMATION	
<b>Name &amp; Title:</b>	
<b>Organization</b>	
<b>Mailing Address:</b>	
<b>Phone:</b>	
<b>Fax Number:</b>	
<b>Email:</b>	
<b>Member :</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes: Site and System # _____
<b>Non-Member:</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
<b>Commercial:</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
<b>Not For Profit:</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/> Provide B.I.N if applicable. _____
<b>Affiliate:</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
<b>Have you used OTN services before?</b>	Yes <input type="checkbox"/> or No <input type="checkbox"/>
<b>If yes, please indicate date and title:</b>	
BILLING INFORMATION (IF DIFFERENT FROM ABOVE)	
<b>Name:</b>	

<b>Organization:</b>	
<b>Mailing Address:</b>	
<b>Phone:</b>	
<b>EVENT INFORMATION</b>	
Date of Event:	
Time/Duration:	
Host Site: If known please provide the name of the institution or organization: If unknown please indicate your preference (s) or city:	
Will there be an audience at host site?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Presenter(s) and affiliation:	
Topic of Session / Presentation Title:	
Learning Objectives / Purpose of Session:	1)  2)  3)
<b>Target Audience:</b> (Highlight or check applicable categories.)	<input type="checkbox"/> Family Practice Physicians <input type="checkbox"/> Specialists (Specify) _____ <input type="checkbox"/> Residents <input type="checkbox"/> Registered Nurses <input type="checkbox"/> Healthcare Professionals (Specify) _____
<b>Proposed Sites:</b>	<input type="checkbox"/> OTN sites (if known, please specify) <input type="checkbox"/> Non-OTN sites (if known, please specify)
What is the maximum number of sites you wish to include in this event?	
How many people do you anticipate at each site?	
Are you targeting participants from a specific region, community, or site?	Yes <input type="checkbox"/> or No <input type="checkbox"/>

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**OTN Managed Event**  
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Who will be the contact for registration of sites? (Please provide full name and contact information.)	
Are there registration fees for the event?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Are there any handouts? (i.e. attendance, evaluation, presenter notes)	Yes <input type="checkbox"/> or No <input type="checkbox"/>