



SEMINAR TITLE: _____

PRESENTER: _____

SPONSORED BY: _____

DATE AND TIME OF PRESENTATION: _____

DURATION (HOURS/DAYS): _____

LEARNING OBJECTIVES: _____

PRESENTATION FORMAT: _____

SEMINAR OUTLINE (PLEASE ATTACH ANY NOTES/HANDOUTS/POWERPOINT):

SUBMITTED BY: _____

SIGNATURE: _____ DATE: _____

**PLEASE FORWARD COMPLETED FORMS & SUPPORTING DOCUMENTS TO:
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PHONE: 306-652-0769 FAX: 306-652-0784 EMAIL: OFFICE@SCOPTIC.CA**

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APPROVED (Y/N)

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APPROVED DATE

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COURSE NO.

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CON-ED CATEGORY

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CREDITS AWARDED

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