



VOLUNTEER EXPRESSION OF INTEREST

2024 SAC Speech-Language Pathology Conference Working Group

APPLICANT INFORMATION					
First Name:		Last Name:		Date:	
City:		Province:		Phone Number:	
Email:			SAC Member Number:		
Work Setting: <input type="checkbox"/> Education <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Government <input type="checkbox"/> Private Practice <input type="checkbox"/> University <input type="checkbox"/> Long Term Care <input type="checkbox"/> Student <input type="checkbox"/> Other (specify): _____					
<input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> Communication Health Assistant <input type="checkbox"/> Student <input type="checkbox"/> Retired					
I AM INTERESTED IN:					
<input type="checkbox"/> Conference Program sub-working group <input type="checkbox"/> Chair (also a member of the conference working group) <input type="checkbox"/> Member		<input type="checkbox"/> Conference Contributed Paper sub-working group <input type="checkbox"/> Chair (also a member of the conference working group) <input type="checkbox"/> Member		<input type="checkbox"/> Conference Hospitality sub-working group <input type="checkbox"/> Chair (also a member of the conference working group) <input type="checkbox"/> Member	
PROVINCIAL/TERRITORIAL/NATIONAL MEMBERSHIPS in Regulatory Colleges & Professional Associations					
EXPERIENCE (as it relates to working group)					
BRIEF BIO					
PLEASE INDICATE YOUR AREAS OF PRACTICE:					
Age Group(s): <input type="checkbox"/> Pre-School (0-4) <input type="checkbox"/> School Aged (5-17) <input type="checkbox"/> Adult (18-64) <input type="checkbox"/> Senior (65+)					
Area(s) of Practice:			Area(s) of Interest:		

I consent to receiving emails regarding this volunteer application.

Please submit completed application to bev@sac-oac.ca.