



Request for CAR Endorsement

Program, Event or Initiative

<i>Administrative Details</i>	
Name of Initiative	
Date of Project / Initiative	
Location (if applicable)	
Type of Activity	
Requesting Organization	
Is this a physician organization?	
Was the proposal brought forward by a CAR member?	
Additional Organizational Sponsors	
Contact Person at Requesting Org	
Contact Details	
<i>Detailed Proposal</i>	
Topics / Areas of Focus	
Learning Objectives	
Relevance / Benefit to CAR Members	
Target Audience	
<i>Accreditation Details (If Applicable)</i>	
Is the activity accredited?	
Accrediting Agent	
Are corporate sponsors or vendors involved in the event in any way?	
<i>Promotional Details</i>	
Is the CAR invited to participate in marketing / promoting the initiative?	
Nature of CAR involvement (<i>if applicable</i>)	

Anticipated financial cost to CAR	
Additional Information (<i>if applicable</i>)	
<i>CAR Office only</i>	
<i>Date Requested</i>	
<i>CAR Contact Person / Department</i>	
Recommendation	
Board Approval Date	