

Application for Presentation To the Fraser Health Authority Board

| Date: | | |
|-----------------------|--|--|
| Name of Individual | or Organization: | |
| Spokesperson (for the | he organization): | |
| Contact Phone Num | ber: | |
| Fax Number: | | |
| Email: | | |
| Mailing Address: | | |
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| Topic: | | |
| Purpose for the pres | sentation: | |
| Summary of the pre | sentation (please include general nature and viewpoint): | |
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