



# STUDENT AND NEW PROFESSIONAL

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# ÉTUDIANT ET NOUVEAU PROFESSIONNEL

Canadian Obesity Network – Student and New Professional (CON-SNP)

## EVENT INFORMATION FORM

TO BE FILLED OUT AFTER EACH CHAPTER EVENT

(Please email to [con.snp@gmail.com](mailto:con.snp@gmail.com))

CON- SNP Chapter/University: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Please provide a brief description of the event:

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Expenses:

Item	Cost (\$)	Funding for this event (If applicable):
Food		
Room Rental		
Audio/Visual Equipment		
Other		
TOTAL		

Please provide a brief evaluation of the event, any things that you would change, and ideas for future events at your chapter:

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