



Circulations: Online Application Form

Name of Contracting Party:		Date of Request:		
Name of Individual Contact for the Contracting Party:		Email Address:		
Contact Information For Invoice and Receipt:				
Mailing Address:				
City:	Province:	Postal Code:		
Email Address:		Phone Number:		
All Requests Must:				
<ol style="list-style-type: none"> 1. Submit for approval, a complete copy of circulation intended for distribution in Word format. 2. Outline in the space provided the purpose of the circulation for distribution: (Ex. Educational opportunity, Conference, Research Project, Employment Opportunity, etc): _____ 				
Select method(s) of distribution and provide the required information. You may choose any combination of services. See the Fee Schedule for details.				
<input type="checkbox"/> 1. For Distribution by Website Posting: Content will be accessible for up to 3 months, as specified by contracting party. Posting Date: _____ End Date: _____				
<input type="checkbox"/> 2. For Distribution by Broadcast E-Mail: Content will be distributed up to 3 times if specified by the requesting applicant. Dates(s) of Distribution: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"> 1. _____ 2. _____ 3. _____ </td> <td style="width: 50%; padding: 5px;"> Recipients: <input type="radio"/> Both Speech-Language Pathologists and Audiologists <input type="radio"/> Speech-Language Pathologists only <input type="radio"/> Audiologists only </td> </tr> </table>			1. _____ 2. _____ 3. _____	Recipients: <input type="radio"/> Both Speech-Language Pathologists and Audiologists <input type="radio"/> Speech-Language Pathologists only <input type="radio"/> Audiologists only
1. _____ 2. _____ 3. _____	Recipients: <input type="radio"/> Both Speech-Language Pathologists and Audiologists <input type="radio"/> Speech-Language Pathologists only <input type="radio"/> Audiologists only			
<input type="checkbox"/> 3. For Distribution by Regular Post: Date of mailing: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; padding: 5px;"> Recipients: <input type="radio"/> Both Speech-Language Pathologists and Audiologists <input type="radio"/> Speech-Language Pathologists only <input type="radio"/> Audiologists only </td> </tr> </table>				Recipients: <input type="radio"/> Both Speech-Language Pathologists and Audiologists <input type="radio"/> Speech-Language Pathologists only <input type="radio"/> Audiologists only
	Recipients: <input type="radio"/> Both Speech-Language Pathologists and Audiologists <input type="radio"/> Speech-Language Pathologists only <input type="radio"/> Audiologists only			
Note: Five (5) business days advance notice must be given. The CASLPM Office will make every effort to adhere to time frames requested by the Contracting Party, as administrative demands of the College allow.				

For Office Use Only:		
Date Received	Approved	Registrar's Signature