GSHP CONTINUING EDUCATION WEBINAR SUBMISSION

Name and Credentials of Speaker and Contact Information including email address	
Institution and Position	
Title of Presentation	
Learning Objectives	
Length of Your Presentation (circle)	☐ 30 minutes ☐ 1 hour
Date Submitted	
Date of Webinar Preferred for **2017-2018** Indicate 1st choice and 2nd choice	**2017** August 10 September 14 October 12 November 9 December 14 **2018** January 11 February 8 March 8 April 12 May 10 June 14 1st choice date 2nd choice date
Time of Webinar	12 Noon – 1 PM
For Pharmacy Resident presenters, **must have title, objectives, and slides approved** by content expert from your institution AND signed off by your residency program director	Content Expert Contact Information (Name, Credentials, Title): Residency Program Director (Name and Credentials):

All submissions should be emailed directly to Steve Glass , Executive Director at GSHP (sglass@gshp.org)