

# LABCON2026 Presentation Proposal

Submission deadline: **Sunday, November 16, 2025**

Submit completed form to [events@csmls.org](mailto:events@csmls.org)

**Presenter information:** (for group presentations, please select one contact person)

|                   |  |              |  |
|-------------------|--|--------------|--|
| Name:             |  | Credentials: |  |
| CSMLS ID #:       |  | Telephone:   |  |
| City, Province:   |  | Postal code: |  |
| Email:            |  |              |  |
| Name of employer: |  |              |  |
| Job title:        |  |              |  |

**Additional Presenters** (if applicable):

|                                  |  |
|----------------------------------|--|
| Name(s), credentials, and email: |  |
|----------------------------------|--|

**Presentation Information:**

|        |  |
|--------|--|
| Title: |  |
|--------|--|

**Type:** ☐ Lecture ☐ Panel ☐ Round table ☐ In-depth/Workshop

**Length:** ☐ 60 mins. ☐ 30 mins. ☐ 2 hours (workshop)

**Please select the category/discipline of your presentation:** (max. of 2 categories)

- |                                            |                                                    |                                                  |
|--------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Chemistry         | <input type="checkbox"/> Histotechnology           | <input type="checkbox"/> Pre - Analytical        |
| <input type="checkbox"/> Clinical Genetics | <input type="checkbox"/> Immunology                | <input type="checkbox"/> Quality                 |
| <input type="checkbox"/> Cytogenetics      | <input type="checkbox"/> Information Technology    | <input type="checkbox"/> Safety                  |
| <input type="checkbox"/> Cytology          | <input type="checkbox"/> Management                | <input type="checkbox"/> Transfusion Science     |
| <input type="checkbox"/> Education         | <input type="checkbox"/> Mental Health/Stress Mgmt | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Ethics            | <input type="checkbox"/> Microbiology              |                                                  |
| <input type="checkbox"/> Hematology        | <input type="checkbox"/> Point of Care             |                                                  |

**Please select the knowledge and experience level of your presentation:**

- ☐ Introductory: applicable to those with little to no knowledge of the subject
- ☐ Advanced: applicable to those with considerable knowledge of the subject

## Session Information

CSMLS will use this information for marketing and promotional activities including the LABCON website, and the event app. Note that CSMLS will edit this information for clarity and length, as needed.

### Learning Objectives: (please include 3-5 outcomes for session attendees)

|                                                  |
|--------------------------------------------------|
| At the end of this session, you will be able to: |
| 1.                                               |
| 2.                                               |
| 3.                                               |
| 4.                                               |
| 5.                                               |

### Session Description (100 words):

|  |
|--|
|  |
|--|

### Speaker Bio(s) (max. 100 words):

*(For group presentations, please include information for all presenters within the maximum word count.)*

|  |
|--|
|  |
|--|

**Room set up and AV equipment:**

Rooms will be set up theatre style with a lectern/podium, microphone, laptop, slide advancer, projector and screen. If you require additional equipment, please list it below:

---

**How did you hear about submitting a proposal for LABCON?**

☐ eNEWS    ☐ Journal    ☐ Website    ☐ Recruited (please name):

**Which language are you able to present in?**

☐ French    ☐ English    ☐ Bilingual

**Terms and Conditions:**

☐ I understand that if I am chosen to speak I will be paid an honorarium of \$200 per session and provided FREE full conference registration; however, CSMLS will not cover travel, accommodations, per diems or any other costs associated with creating the presentation or attending the event.