



Canadian Operational Research Society  
Société canadienne de recherche opérationnelle

# Traveling Speakers Program Application

## Section Contact

Requesting Section:  
Name:  
Email:  
Address:

***Note: Form must be completed AND/OR submitted by Section President***

## Event Details

Date of Event:  
Duration of Event:  
Estimated Event Budget:  
Nature of the event (e.g. guest lecture, workshop):

## Speaker Details

*(if additional speakers, attach a separate page with related details.)*

### **Speaker #1:**

Name:  
Organization/Institution:  
Location (city, prov/state, country):  
Title of talk:

### **Speaker #2:**

Name:  
Organization/Institution:  
Location (city, prov/state, country):  
Title of talk:

### **Speaker #3:**

Name:  
Organization/Institution:  
Location (city, prov/state, country):  
Title of talk: