Women in IT Ambassador - Request Form

(Please print.)

1. Name of High School: _________________________________________________

2. Address: __________________________________________________________________

3. Phone Number: __________________________________________________________________

4. Fax Number: __________________________________________________________________

5. E-mail: __________________________________________________________________

6. Name of School Principal: __________________________________________________________________

7. Name of School Contact (if different from Principal): ______________________
   a. Position/Title (e.g. teacher, guidance counsellor, etc.): __________________
   b. Department (e.g. computer studies, math, etc.): _______________________

8. Please provide a few dates and times of when you would like an IT woman ambassador to visit and indicate what event/activity she would be participating (e.g. classroom visit, career day seminar, etc.). Please give any other details of the event/activity in the “comments” section of the form.

   (Day/Month/Year) (Event/Activity - e.g. classroom visit, career day seminar, etc.)

   1. 
   2. 
   3. 
   4. 

   Comments:

   Thank you!

   Please send your completed Women in IT Ambassador Request Form to CIPS by fax: (905) 602-7884 or by e-mail: info@cips.ca.