



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.