**HCIC Roster: Presentation / Manuscript / Data Use**

**SUBMIT COMPLETED FORM TO** hcic@mcgill.ca

**Today’s Date:**

**Date of presentation / release of information:**

**Authors / Presenters:**

E.g., Your name, Title, Organization

**Email:**

**Would you like to subscribe to our newsletter? Yes No**

**Presentation / Report Title:**

**Format:**

E.g.,Poster, oral presentation, peer-reviewed manuscript, non-peer reviewed text, webinar

**Audience:**

E.g., Conference name; organization name; public; administrators; health academia; media.

**Objectives / Purpose: ­­­­­­­­­­­**

I.e., what are you using the information for?

**HCIC Data / slide deck(s) utilized:**

E.g., HCIC 2016 Chronic disease burden/management slides 1-6.

**Potential Impact:**

How will presentation of HCIC results inform / influence health policy / decisions, or other use for results?

**How did you come across or hear about the HCIC data? ­­­­­­­­­**

Note*: Information contained on this form will become part of the HCIC Roster, documenting use of HCIC results. The submitter hereby grants the HCIC Knowledge Translation (KT) Committee permission to use the information below for KT purposes.*

***Thank you for your collaboration!***