



2SLGBTQIA+ Affirming Care Conference Application

Name(s) of Applicant(s):	
Organization (if relevant):	
Contact Phone Number:	
Contact Email:	
Category: <i>Please check the category that best fits your presentation.</i>	Community Clinical Youth Health Other, please specify:
Presentation Format: <i>Please note: all presentations will be 1 hour except for panels, which may be adjusted to 1.5-2 hours depending on the number of panelists.</i>	Presentation Workshop Panel Keynote
Title of Presentation:	
Brief Description of Proposed Presentation: <i>This description can tell the committee what your session would be about, how it is related to 2SLGBTQIA+ Affirming Care, and how it is relevant to a Nova Scotia audience consisting primarily of healthcare professionals and workers.</i>	



Feel free to reach out to the email below to discuss or assist with your application. Thank you for your application. Please return your completed application by email to Conference.PrideHealth@nshealth.ca. We will contact applicants by February 2, 2026 with results.