

**ONCOLOGY SECTION, APTA**  
**FACT SHEET PROPOSAL FORM**

Consumer Fact Sheet \_\_\_\_\_ Professional Fact Sheet \_\_\_\_\_  
(complete one form for each type of Fact Sheet Submitted)

Title of Fact Sheet:

Outline for Fact Sheet:

Proposed Timeline:

Contact Information:

Name and Address of Author(s)

Daytime telephone number

Email address

Email completed form to: [margaret.ayres@jefferson.edu](mailto:margaret.ayres@jefferson.edu)

