

Outdoor

Indoor

**Venue Details**

**Display Request Form**

Phone: 905-451-2123 Fax: 905-451-6975

Email: [displayrequests@cmhapeel.ca](mailto:displayrequests@cmhapeel.ca)

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| **Date of Request** | Click here to enter a date. |

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| **Organization/Agency Name** | | | | | | |  | | | | | | | | | | | | | | |
| **No. of Employees/Attendees** | | | | | | |  | | | | | | | | | | | | | | |
| **Event Name** | | | | | | |  | | | | | | | | | | | | | | |
| **Event Description** | | | | | | |  | | | | | | | | | | | | | | |
| **Event Date** | | | | | | |  | | | | | | | | | | | | | | |
| **Event Time** | | **Start** | | |  | **AM** | |  | **PM** | |  | **Finish** | |  | | **AM** | |  | **PM** | |  |
| **Event Address** | | | |  | | | | | | | | | | | | | | | | | |
| **Your donations help us increase awareness and better serve people experiencing mental health issues in our community. Would you like to make a donation to CMHA?** Yes  No  Amount $ | | | | | | | | | | | | | | | | | | | | | |
| **Venue Details** | | | | | | | | | | | | | | | | | | | | | |
| **Indoor** |  | | **Outdoor** | | |  | | **Table** | |  | | | **Chair(s) Suppl’s?** | |  | | **Canopy Suppl’d?** | | |  | |

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| **Pre-Event Contact Details** | | | |
| **Surname** |  | **First Name** |  |
| **Email** |  | **Phone** |  |
| **During Event Contact Details** | | | |
| **Surname** |  | **First Name** |  |
| **Email** |  | **Phone** |  |

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| **Event Documentation Details** | | | | | | | | | |
| **Registration Forms Req’d** | **Yes** |  | **No** |  | **Attached** | **Yes** |  | **No** |  |
| **Insurance Req’d** | **Yes** |  | **No** |  | **Due Date** | Click here to enter a date. | | | |
| **Cost** | **Yes** |  | **No** |  | **Amount** | **$** | | | |

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| **Language Specifications**  (accommodated when resources permit) |  |

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| **How did you hear about us?** | | | | | | | | | | | |
| **Client** |  | **Word of Mouth** |  | **Presentn** |  | **Display** |  | **Quick Guides** |  | **Other/State** |  |