[ ] [ ]



Outdoor

Indoor

**Venue Details**

**Display Request Form**

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

Email: displayrequests@cmhapeel.ca

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

|  |  |
| --- | --- |
| **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?** | **[x]**  | **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** |  |

|  |
| --- |
| **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** | **$**  |

|  |  |
| --- | --- |
| **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** |  |