

**Public Education Request Form**

*Please complete this form and email it to* adenis@cmhact.ca *at least 10 business days prior to the requested session.*

1. **Contact Information**

|  |  |
| --- | --- |
| Organization |  |
| Contact Person |  |
| Mailing Address |  |
| City, Province and Postal Code |  |
| Phone |  |
| Email |  |

1. **Request Details**

|  |  |
| --- | --- |
| Session Location  |  |
| Session Format | [ ]  Presentation[ ]  Workshop[ ]  Information Booth |
| Proposed Date(s) and Time(s) |  |
| Topic |  |
| Language of Delivery |  |
| Audience and Expected Number of Participants |  |
| Context (Please describe the origin of the need for this request) |  |
| Other Details |  |

***For CMHA-CT Administrative Use Only***

|  |  |
| --- | --- |
| Approval | [ ]  Yes[ ]  No |
| Facilitator |  |
| Comments |  |
| Signature |  |