Canadian Mental Health Association
Cochrane-Timiskaming
Addiction and Mental Health Services

Association canadienne pour la santé mentale
Cochrane-Timiskaming
Services de toxicomanie et de santé mentale

Public Education Request Form

A. Contact Information

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

B. 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	
Program Manager Signature	