

Hospice Niagara Speaker Request Form

Email Completed Form to: pmackie@hospiceniagara.ca

Fax Completed Form to: 905-984-8242. Attention: Pamela Mackie



Name:					
Organization:					
Venue/Address:					
Email & Phone #:					
Date of Presentation (D/M/Y):		Time of Event:		Time of Presentation:	
Length of Presentation:		Place on the Agenda: (i.e. beginning, middle or end)			
Expected Number of Attendees:		Provisions Provided? (i.e. breakfast, lunch, dinner)			
Interest/Focus for Presentation:					
Please check if the following items are available:					
	Yes	No		Yes	No
Microphone			Projector		
Computer			Screen		
Internet					
What prompted you to request a Hospice Niagara speaker?					
	We are considering providing support to Hospice Niagara			We are raising money for Hospice Niagara	
	General interest in the work of Hospice Niagara			We have raised money for Hospice Niagara	
	Information on volunteering at Hospice Niagara			Other	
Any other information you wish to add?					

For Internal Use Only

Speaker:	History:
Booked in calendar:	
Follow up to request:	