

CANADIAN MENTAL HEALTH ASSOCIATION

ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

## **Service Record**

Event Da	ate:
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Requested On:

	(	Slient Information	
Company Name			
Contact Person		Phone/Email	

Service & Fees					Event Information				
	Presentation				Number of	Participants	Start & Finish Time	Prep./Wrap Time	
		Depressior	1	Estimate					
Fee		\$395.00	Pkg	Actual					
Pkg.		Ttl. Pkg. Cost	\$0.00	Actual					
	V	Vorkshop/Tra	aining			Purpose	and Name of Event		
n/a			Mental Hea	llth Week					
		Π/a		M.I. Awarer	ness Week				
Fee		n/a	Pkg	United Way	r Campaign				
Pkg.		Ttl. Pkg. Cost	\$0.00	Other					
		Awarenes	S		Location				
		n/a		Name (bldg	Name (bldg./complex)				
		Π/a		Street Addr	Street Address, Unit #				
Fee		n/a	each	Intersection	Intersection/Directions				
Qty.	0	Total	#VALUE!	merseellor	Directions				
1	OTAL	FEES		Security					
				Parking Info	ormation				
Audience			Room Nam	Room Name, Number					
Profile/Description					CM	IHA Coverage			
		Manageme	nt	Staff					
	P	Participation S	Status	Back-up					
		mandated to at	ttend	Volunteer(s	3)				

	Authorization								
	Signature		Name		Initial acceptance	Cancellation Policy			
CMHA					of Fees	48 business hours required. 25% booking deposit non- refundable. Inquire about policies for			
Client						services not listed above, including workshops.			
Payment	Cheque #		Visa #		Cardholder				
Details	Bank		Expiry		Signature				

## **Detailed Information for Trainers/Presenters**

				Client Inform	ation		
Company							
Contact			Title			Phone	
Department						Fax	
Street						Cell	
City		P	ostal Code			Email	
				Company Pr	rofile		
Mission/ Industry							
Interest in I Health/Illne							
Policies rel Services fo							
Knowledge CMHA/Pee							
			Le	arning Envir	onment		
					Learning	Tools	
Physical Er	nvironment	Item	Yes	No	On-Site	Bring	Other
Dress Code	е	O/H Proj'tr					
		Screen					
Staff on-ca	111?	White Brd.					
		VCR					
Room Size	9	Laptop					
		LCD					
Room Setu	qr	Flip Chart					
		Hand-outs					
	L	earning Objective	<del>)</del>			Capability	y of CMHA to Meet

Other								
	Administration							
Forwarded to Acctg.	Materials Requisition Done	Ec	On Quarterly ducation Report					



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Fee		n/a	Pkg	United Way	/ Campaign				
Pkg.		Ttl. Pkg. Cost	\$0.00	Other					
		Awarenes	S				Location		
		n/a		Name (bldg	J./complex)				
		n/a		Street Addr	ess, Unit #				
Fee		n/a	each	Intersection	Intersection/Directions				
Qty.	0	Total	#VALUE!	Intersection					
1	ΟΤΑΙ	FEES		Security					
				Parking Info	ormation				
Audience			Room Nam	Room Name, Number					
Profile/Description					CM	IHA Coverage			
		Manageme	nt	Staff					
	F	Participation S	Status	Back-up					
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Policies rel Services fo							
Knowledge CMHA/Pee							
			Le	arning Envir	onment		
					Learning	Tools	
Physical Er	nvironment	Item	Yes	No	On-Site	Bring	Other
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		Screen					
Staff on-ca	dl?	White Brd.					
					· · · · · ·		
		VCR					
Room Size	÷	VCR Laptop					
Room Size	<u>;</u>		<u> </u>				
Room Size		Laptop					
		Laptop LCD					
	hb	Laptop LCD Flip Chart				Capability	y of CMHA to Meet

	Other						
	Administration						
Forwarded to Acctg.	Materials Requisition Done	On Quarterly Education Report					