



Event Date: \_\_\_\_\_

Requested On: \_\_\_\_\_

# Service Record

Client Information			
Company Name			
Contact Person		Phone/Email	

Service & Fees			
Presentation			
Depression			
Fee	\$395.00	Pkg	
Pkg.		Ttl. Pkg. Cost	\$0.00
Workshop/Training			
n/a			
Fee	n/a	Pkg	
Pkg.		Ttl. Pkg. Cost	\$0.00
Awareness			
n/a			
Fee	n/a	each	
Qty.	0	Total	#VALUE!
<b>TOTAL FEES</b>			

Event Information			
	Number of Participants	Start & Finish Time	Prep./Wrap Time
Estimate			
Actual			
Purpose and Name of Event			
Mental Health Week			
M.I. Awareness Week			
United Way Campaign			
Other			
Location			
Name (bldg./complex)			
Street Address, Unit #			
Intersection/Directions			
Security			
Parking Information			
Room Name, Number			
CMHA Coverage			
Staff			
Back-up			
Volunteer(s)			

Audience	
Profile/Description	
Management	
Participation Status	
mandated to attend	

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

\* presentation and training fees are based on 20 participants

**Detailed Information for Trainers/Presenters**

**Client Information**

Company					
Contact		Title		Phone	
Department				Fax	
Street				Cell	
City		Postal Code		Email	

**Company Profile**

Mission/ Industry					
Interest in Mental Health/Illness					
Policies related to or Services for MH					
Knowledge of CMHA/Peel (other)					

**Learning Environment**

	Learning Tools					
	Item	Yes	No	On-Site	Bring	Other
Physical Environment						
Dress Code	O/H Proj'tr					
	Screen					
Staff on-call?	White Brd.					
	VCR					
Room Size	Laptop					
	LCD					
Room Setup	Flip Chart					
	Hand-outs					
Learning Objective				Capability of CMHA to Meet		

**Other**

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**Administration**

Forwarded to Acctg.		Materials Requisition Done		On Quarterly Education Report	
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