



# CORPORATE IN-SERVICE REQUEST FORM

Please complete this form and fax it to **(905) 430-3080**. Please note that our PowerPoint presentation requires a screen and projector, as well as audio. A \$250 donation is appreciated from corporations. A representative will contact you for confirmation. ***Please remember to attach mapquest directions.***

Date of Presentation: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Major intersection: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Number with Epilepsy: \_\_\_\_\_

Desired length of presentation: \_\_\_\_\_ Email: \_\_\_\_\_

Please take a moment and tell us why you would like an in-service, and what you are hoping to learn:

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Please take a moment and tell us how you heard about Epilepsy Durham Region:

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## FOR OFFICE USE ONLY

Date of Request Receipt:

Number of information packages:

Number of posters:

Date called to confirm: