



SCHOOL/EDUCATIONAL INSTITUTION 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 \$75 donation is appreciated from schools/educational institutions. A representative will contact you for confirmation. ***Please remember to attach mapquest directions.***

Date of Presentation: _____ Time: _____

Name of School/Educational Institution: _____

Contact Person: _____ Phone: _____

Address: _____ Postal Code: _____

Major intersection: _____

Number of Participants: _____

Employees: _____ Students: _____ 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:

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

FOR OFFICE USE ONLY

Date of Request Receipt:

Number of information packages:

Number of posters:

Date called to confirm: