Hospice Niagara Speaker Request Form

Email Completed Form to: vbonato@hospiceniagara.ca

Fax Completed Form to: 905-984-8242, Attention: Victoria Bonato

Organization:							
Venue/Address:							
Name:							
Email & Phone #:							
Date of Presentation (D/M/Y):			Time	of E	vent: Time of Presentation:		
Length of Presentation:			Place	Place on the Agenda: (i.e. beginning, middle or end)			
Expected Number of Attendees:			Provisions Provided? (meal)				
Audience Description	on:						
Please check if the following items are available:							
Please check if the	following iten	ns are availal	ble:				
	following iten Yes	ns are availal No				Yes	No
Microphone			Projecto	or		Yes	No
Microphone Computer				or		Yes	No
Microphone Computer Internet	Yes	No	Projecto Screen		2	Yes	No
Microphone Computer	Yes	No	Projecto Screen		?	Yes	No
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Serving Families in Niagara

Hospice Niagara - The Stabler Centre 403 Ontario Street, Unit 2 St. Catharines, ON L2N 1L5 F: 905-984-8242



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