



EDUCATION SERVICES – COMMUNITY WORKSHOP REQUEST

| ORGANIZATION INFORMATION | | | |
|---|-------|--------------|-------------|
| Organization Name | | Today's Date | |
| Street Address | City | Province | Postal Code |
| Contact Person Information | | | |
| First Name | | Last Name | |
| Phone Number | Email | | |
| Billing Information (if different from above) | | | |
| First Name | | Last Name | |
| Phone Number | Email | | |
| Street Address | City | Province | Postal Code |

| WORKSHOP INFORMATION | | | |
|---|---------------------------------|--|---|
| Name or Topic of Workshop(s) | | | |
| Workshop Must Cover (key targets, what you want addressed, etc.) | | | |
| Workshop Date(s) (if flexible/unsure, is there a timeline or day of week that we should be aware of for booking)? | | | |
| Start Time Morning (8am-12pm) <input type="checkbox"/> Afternoon (12pm-5pm) <input type="checkbox"/> Evening (5pm-9pm) <input type="checkbox"/> Anytime <input type="checkbox"/> <div style="text-align: center;">OR</div> Specific: (For Example: Only Mondays Afternoons) | | | |
| Course Length (hours) | Number of Expected Participants | In Person <input type="checkbox"/> | OR Virtual <input type="checkbox"/> |
| Audience Demographics (who is attending i.e. parents, grandparents, caregivers, professionals, teachers, etc.) | | | |
| AV Equipment Needed? (only for in-person) Yes <input type="checkbox"/> No <input type="checkbox"/> | | Certificates Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you booked with us before? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How Did You Hear About Us? | | | |
| Additional Notes | | | |