



Representative Request Form

To help our representative prepare for their visit, please complete this form and return it to the Foundation office as soon as possible.

Date: _____ **Time From:** _____ **To:** _____

Location: (address and brief directions)

Contact Name: _____ **Phone #:** _____

Do you wish our representative to speak at this event? **Yes / No**

If yes, please provide the Foundation with a copy of your agenda and complete the following:

For what length of time would like our representative to present? _____

Our representative's order on the agenda _____

Is the venue suitable for PowerPoint/video presentation? _____

Type of A/V equipment available on site _____

*Is a photo opportunity available? _____

Additional comments or special instructions (i.e. Is rep required to purchase a ticket?)

If presenting a donation, please complete the following. Your gift will be directed to the Regional Cancer Program unless otherwise stated below.

Donation _____ **Donation Proceeds**
Amount: _____ **To Be Directed To:** _____

Name of event or description of fundraising activities:

**Permission to use photographic, digital or video images obtained during the above noted event by a Southlake Representative, to publish whole or in part for the purposes of promotion, advertising or journalism within the public domain is obtained by the Southlake Regional Health Centre Foundation by way of this form.*

Please e-mail completed form to cjones@southlakeregional.org or fax to 905-836-5651.

Thank you for your interest in supporting Southlake.