



Mental Illness
Foundation

Organizer of the

Partners for Life

Program

Registration form for presentations

Please complete the form using block letters

Contact information

School :

Schoolboard :

Region :

Telephone : ()

ext:

Fax : ()

School resource-person :

Email:

School staff

Nurse :

Psychologist :

Social worker :

Psycho-educator :

Substance abuse or drug counsellor :

Spiritual animator :

Specialized instructor :

Other:

Affiliated CLSC: _____

Where will the presentation be held?: _____

Parking instructions: _____

Lunch provided for presenters :

yes not possible

Uniform:

yes no

Registration form for presentations

School dress code : _____

Scheduling a presentation

Please try to schedule as many presentations as possible in one school day (maximum of three) to cut down on unnecessary travelling time and **be sure to include the hour each class period begins**. Thank you!

1 st Choice, week of: _____				# of students per presentation
Day	Date	Time class begins	Time class ends	

2 nd Choice, week of: _____				# of students per presentation
Day	Date	Time class begins	Time class ends	

<p>Meeting time on day of first presentation (+/- 1 hour before presentation begins) :</p> <p>_____</p> <p>Meeting place on day of first presentation</p> <p>_____</p>

Please return the form as soon as possible by fax at 514.529.7390