



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

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## Registration form for presentations

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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 <sup>st</sup> Choice, week of: _____				# of students per presentation
Day	Date	Time class begins	Time class ends	

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

<p>Meeting time on day of first presentation (<b>+/- 1 hour before presentation begins</b>) :</p> <p>_____</p> <p>Meeting place on day of first presentation</p> <p>_____</p>
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**Please return the form as soon as possible by fax at 514.529.7390**