

Presentation/Speaker Request Form

Epilepsy Toronto



Presentation Date: _____ Start Time: _____ End Time: _____
Organization Name: _____
Contact Person & Title: _____

Location of Presentation

Address: _____
City: _____ Postal Code: _____
Phone: _____ Email: _____

Presentation Details

Audience Type (Please select one or more):

- Teacher
 Students. If so, what grade: _____
 Other: _____

Co-workers
Staff Members
Clients

Number of Participants: _____

Literature Required: (*languages*) _____

What Audio-visual resources are available for our presenter to use at your organization:

- Multimedia Projector/Smartboard
 Lap top
 Speakers
 Other: _____

Briefly tell us about the student/individual(s) with Epilepsy at your school and about any specific details you'd like to learn about (i.e. specific medication, triggers, etc), to help us plan appropriately for your workshop.

How did you hear about Epilepsy Toronto?

Epilepsy Toronto is committed to bringing knowledge to our community and stakeholders. While we do not charge a set fee for presentations, we rely on fundraising to operate. Please make a donation. Every dollar helps us continue to serve the community and share knowledge.

Donation: \$100.00 \$200.00 Other: _____

Please email this form back to info@epilepsytoronto.org or fax through to 416-964-2492, or click on the submit button below.