**Mental Health & Addiction Services**

**Presentation Request Form**

**CONTACT INFORMATION**

**Name:**

**Organization:**

**Email:**

**Telephone Number:**

**Mailing Address (if resources/displays requested):**

**PRESENTATION DETAILS**

**Target Audience:**

**# of Participants:**

**Date of Presentation:**

**Time of Presentation:**

**Length of Presentation:**

**Location:**

**Topic/Focus of Presentation (please give as much detail as possible):**

Presentation request forms must be sent to: mha@westernhealth.nl.ca or Fax: (709) 634-4888