



A REASON TO HOPE. THE MEANS TO COPE.  
SCHIZOPHRENIA SOCIETY OF CANADA  
SOCIÉTÉ CANADIENNE DE LA SCHIZOPHRÉNIE  
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.

# Event Intake Form

Welcome to the Schizophrenia Society of Canada (SSC). We look forward to hearing about your event plan proposal and wish to gather pertinent information prior to discuss the event. Please complete this form and either email it to [info@schizophrenia.ca](mailto:info@schizophrenia.ca) or fax it with a cover sheet to 204-783-4898 to attention events. If all information is not known, please provide best judgement to approximate the event details and thank you for thinking of the SSC.

Date Prepared: \_\_\_\_\_

Event Contact: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Event Contact Telephone: \_\_\_\_\_ Event Contact Email: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Event Location with address: \_\_\_\_\_

Event Type: \_\_\_\_\_

Please describe the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_