



Alzheimer Society

PERTH COUNTY



Alzheimer Coffee Break® 2010 Host Registration Form

Thank you for agreeing to host a Coffee Break, your support is appreciated! Please help us customize your Host Kit by completing this form.

Contact/Name: _____ Organization/Company: _____

Address: _____ City/Town: _____ Postal: _____

Phone: _____ Fax: _____ Email Address: _____

How would you like to be involved?

Hosting an Alzheimer Coffee Break Date of your event*: _____

Selling Coffee Cup Cut-Outs Quantity requested: _____

Coffee Break Sponsor Other: _____

** Date of event: you are welcome to hold your Coffee Break on whatever September or October date that suits you best, but we do encourage you to hold it on National Alzheimer Coffee Break Day, Thursday, September 16th if possible.)*

Open to the Public? Private Public Number of participants anticipated: _____

Event Supplies – quantities requested: (amounts will be supplied according to number of participants)

(___) Coffee Pouches (___) Cups (___) Sugar (individual pkgs) (___) Table Tent Cards
(___) Coin Boxes (___) Posters (___) Coffee Cup \$1 cut-outs (___) Cert. of Participation
(___) Plastic Coffee Break 'banner' (___) Donation Envelopes Other: _____

Receiving Our Host Kit: Please deliver We will pick-up Date requested: _____

After our Coffee Break: I will drop-off proceeds and remainders on (date): _____

pick-up after (date): _____ (address) _____

If you have any questions or would like tips on hosting a great Coffee Break, please feel free to call us for assistance filling out this form.

Thank you for your Support!

Alzheimer Society of Perth County
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