



FCJ Refugee Centre

Walking with Uprooted People

WORKSHOP REQUEST FORM

Name of Organization: _____

Contact Person: _____

Phone number: _____ Cell phone: _____

Email contact: _____

WORKSHOP INFORMATION

Date of presentation: _____ Time: _____

Venue of the presentation: _____

Address: _____

Length of Presentation Requested: _____ # of Participants Expected: _____

Participants: clients Front line workers/staff

Will projector and computer be provided for the workshop? YES _____ NO _____

WORKSHOP CONTENT

Topic of the workshop: _____

Specific requests/expectations (if any): _____

Level of knowledge on the topic (participants): _____

FOR INTERNAL USE ONLY: EVALUATION REPORT

Total number of participants: _____ Number of Evaluations collected: _____

Please submit information to Carolina Teves cteves@fcjrefugeecentre.org

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