



**FCJ REFUGEE CENTRE**  
*WALKING WITH UPROOTED PEOPLE*

## ***Workshop Request Form***

*Workshops for professionals working within the settlement and integration sector,  
or for immigrant and refugee communities.*

### ***ORGANIZATION INFORMATION***

**Name of organization:**

**Contact person:**

**Phone number (office):**

**(Cell phone):**

**Email contact:**

### ***WORKSHOP/TRAINING INFORMATION***

**Workshop requested/TOPIC:**

**Date of presentation and time:**

**Location of presentation:**

**Specific requests/expectations (if any):**

**Level of knowledge on the topic (participants):**

### ***LOGISTICS***

**Length of presentation requested:**

**Number of participants expected:**

**Will projector and computer be provided for the workshop?** YES \_\_\_\_\_ NO \_\_\_\_\_

**You can submit this form to Carolina Teves: [cteves@fcjrefugeecentre.org](mailto:cteves@fcjrefugeecentre.org)  
or mail it to our location 208 Oakwood Ave. Toronto, ON M6E 2V4.**

**If you have any questions please contact Carolina Teves**