

**CMHA Niagara Third Party Events and Promotions Event Proposal Form**

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the event or promotion in detail: date(s), location(s), time(s), etc.

2. Please list all parties involved with the event (individuals, organizations, media, etc.)

3. What is the total amount of estimated revenue to be generated by the event?

 • Total revenue anticipated \_\_\_\_\_\_\_\_\_\_\_

 • Total expenses projected \_\_\_\_\_\_\_\_\_\_\_

• Estimated amount that will be donated to CMHA Niagara \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 • Other \_\_\_\_\_\_\_\_

4. Please outline how you will promote the event and submit copies of the materials to be used.

• Media -- Print -- TV -- Radio

• Public Relations (agency or in-house)

• Paid Advertising

• Brochures/flyers

• Signs or Banners

• Direct Mail

• Other

5. Would you like materials on CMHA Niagara’s programs and services to display at the event? What is the proposed quantity?

6. What are the proposed responsibilities for the CMHA Niagara?

7. Please include any other pertinent information.

8. Why did you choose the CMHA Niagara?

Please return the completed form to:

Canadian Mental Health Association Niagara

264 Welland Avenue, Suite 103

St. Catharines, ON L2R 2P8

Email: kmarazzo@cmhaniagara.ca