

Wellness Partner- Expression of Interest

Contact Person: _____

Qualification (if applicable): _____

Organization Name: _____

Phone: _____

Email: _____

Workshop or Event Title: _____

Are you currently a student? If yes, student number _____

Describe your event/workshop/idea. What will the student/staff/faculty learn? What will the presentation style look like?

Maximum number of Attendees: _____

Length of Time Required (hours): _____

Material Cost and/ Fees:

Please return to Kezia Sinkewicz ksinkewicz@coastmountaincollege.ca 250-638-5496