



Hôpital général juif
Jewish General Hospital
Fondation | Foundation

Please complete this form and return to:

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Coordinator, Events
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Third Party Event Proposal Form

Date of proposal:

Name of organization/company planning event:

Contact name:

Title:

Address:

City:

Postal Code:

Tel (home):

Tel (office):

Tel (cell):

Email:

Website:

Event Information

Name of proposed event:

Date(s):

Time(s):

Event location(s) and address(s):

Description of event:

What inspired you to hold this event:

What type of audience do you plan to target for your event? (i.e. general public, businesses, etc)

Note: When approaching businesses and corporations for assistance with events (sponsorships or gift-in-kind donations), please remember that many organizations are already involved in supporting the **JGH Foundation**. All solicitations on behalf of the JGH Foundation **MUST BE CLEARED** by the Foundation first.

How many people do you expect to attend the event?

How do you plan on marketing or promoting your event?

- Internal promotion such as newsletters
- Posters/Flyers
- Advertisements
- Public Service Announcements
- Website (provide address)
- Other, please describe: _____

Do you intend to use the name and logo of the JGH Foundation? Yes No

If deemed necessary by the JGH Foundation, are you prepared to allow a Foundation representative to be involved with your planning committee for general and ongoing approval of plans for the event? Yes No

What degree of involvement would you expect from the Foundation Staff/Board of Directors in relation to participation in your event?

The JGH Foundation logo is a registered trademark, the use of which is restricted. By signing below, I agree all publicity, including air publicity such as radio, for the proposed event must be approved by JGH Foundation prior to being printed, released, etc.

Signature of Applicant: _____ Date: _____

Acknowledgement of your application will be forwarded to you within 10 business days.

Your support is greatly appreciated!

For JGH Foundation use only:

Approved by:

Date: