

# Coffee Break 2011 Registration & Order Form

Thank you for agreeing to host a Coffee Break. Your support is greatly appreciated!

Please help us to customize your Host Kit by filling out and returning your completed form by fax or mail.

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

Title: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

## What type of event will you be hosting?

Coffee Break       Buck-a-Cup       Dress Down Day       Pot Luck

Other: \_\_\_\_\_

Date of your Coffee Break: \_\_\_\_\_ Number of expected participants: \_\_\_\_\_

## Event Supplies: (please indicate the quantity required)

Coin Box \_\_\_\_\_

Coffee (8 Cup Packages) \_\_\_\_\_

Buck-a-Cup decals \_\_\_\_\_

Tent Cards \_\_\_\_\_

8 ½ x 11 Posters \_\_\_\_\_

Additional notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Thank you for your support!*



Alzheimer Society of Cambridge  
940 King Street E  
Cambridge Ontario N3H 3P3  
519-650-1628 Fax 519-650-1629  
admin@alzheimercambridge.on.ca

## For Office Use Only

Date Kit completed \_\_\_\_\_ Date Kit Given \_\_\_\_\_ Kit returned \_\_\_\_\_

Total Proceeds \_\_\_\_\_