

QEH FOUNDATION SPECIAL EVENT FORM

Thank you for choosing the QEH Foundation as the recipient of funds raised from your event – we look forward to supporting you in any way we can!



Return to: Queen Elizabeth Hospital Foundation
PO Box 6600, Charlottetown, PE C1A 8T5
MaryEllen Hughes, Development Officer, Community Relations
Email: mthughes@ihis.org
Phone: (902) 894-0119 Fax: (902) 894-2433

Name of Person/Organization hosting event: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Name of Event: _____ Date of Event: _____

Description of Event: _____

Event Inspiration: _____

Sponsors involved: _____

What type of market do you plan to target for this event (i.e. general public, businesses, age ranges, etc.)? _____

How do you plan to market or promote this event? _____

How will you raise funds for this event? _____

Estimated Total Revenue of event:	\$
Estimated Costs to run event:	\$
Estimated Proceeds to the QEH Foundation:	\$

Specify other considerations and/or organizations involved in the event: _____

The undersigned shall indemnify and hold harmless the Queen Elizabeth Hospital Foundation from and against all liability, claims, damages, or expenses due to or arising out of this event. As well, the Sponsor will obtain at their own expense, all permits and licenses required to conduct the special event.

SIGNED: _____ DATE: _____

Note: Due to regulations and standards, such as infection control, the Queen Elizabeth Hospital will negotiate with all third party medical equipment suppliers according to Health PEI procedures.

For Foundation use only:

Approved by: _____ Title: _____

Comments: _____