March Awareness Collaborating Partner Activity Form, 2012

☐ Yes, we would like to participate in March Awareness activities with the CCAC.
☐ No, unfortunately our organization is unable to partner with the CCAC.
☐ Please remove us from your mailing list.

Contact Person: __________________________________________________________________________
Organization Name: _______________________________________________________________________
Telephone: ______________________________________ Fax: ________________________________
Email: ________________________________________________________________________________
Website: ______________________________________________________________________________

Please check the activities for which you wish to partner with the CCAC starting in March 2012:

1- AWARENESS AND EDUCATIONAL MATERIALS
(To view the documents please visit www.colorectal-cancer.ca)
☐ a) Disseminate CCAC educational materials to our members / patients (Standard shipping/mailing charges will apply):
   Choose a language: ☐ Francais ☐ English

   Required quantity ___________ Wallet-sized CRC Fact/Symptom cards ___________ Cancer Coach Program
   ___________ “Understanding Colorectal Cancer” Booklet ___________ “Get Your Butt Seen” Poster (GYBS Campaign)
   ___________ The Giant Colon Tour informational poster ___________ GC - CRC Myths & Facts Poster
   ___________ Learning about CRC: A Treatment Guide ___________ “Celebrate A Life” Brochure
   ___________ Brochure: Support-Awareness-Education-Advocacy

☐ b) Many CCAC materials are available by downloading directly from www.colorectal-cancer.ca
   We will use the download format(s).

2- AWARENESS ACTIVITIES: GIANT COLON EXHIBIT (GC)
☐ a) We are interested in leasing the Giant Colon Exhibit and/or participating when the Giant Colon is in our location (volunteering, offering staff/resources, promotion, sponsorship, etc.).
☐ b) We are interested in securing a table-top display featuring educational materials on colorectal cancer.

3- CALENDAR / WEBSITE / ARTICLES (INTERNET OR PRINT)
☐ a) We announce all CCAC events in our activity calendar and/or publish articles in our Blog and Newsletter.
☐ b) We invite you to become a web partner through a reciprocal hyperlink to the CCAC website.
4. PLEASE CHECK PROFESSIONAL AREA(s) OF INTEREST (Additional fees may apply to cover costs, i.e. travel):

- Media Spokesperson
- Medical Professional
- Cancer coach facilitator
- Advocate for CRC prevention/screening
- Event planner to help organize a third party fundraiser for the CCAC
- Other, please specify ________________________________

5. PLEASE INDICATE HOW YOUR ORGANIZATION WILL PROMOTE NATIONAL COLORECTAL CANCER MARCH AWARENESS MONTH (activity details, etc.)

________________________________________________________________________

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6. ENGAGEMENT OF OTHER ORGANIZATIONS

Please also include the following organizations/contact person(s) in the CCAC March Awareness mailings.

Provide organization name and contact person (phone number, email address and website, if available)

________________________________________________________________________

________________________________________________________________________

7. OTHER SUGGESTIONS ON HOW YOUR ORGANIZATION CAN PARTNER WITH THE CCAC

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8. FINANCIAL SUPPORT

We would like to make a donation to the CCAC to support activities related to March Awareness:

- Please contact us directly
- Cheque enclosed

Thank you for your cooperation. Together we can make a difference!