

**APPENDIX A**

**Contact Information**

<p><b>(For internal use only)</b> <b>BCHMC # _____</b></p>
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**Society Contact Information:**

Name of society: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person and position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Incorporation number: \_\_\_\_\_

**Service Provider Contact Information**

Name of Service Provider: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person and position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Development Consultant Contact Information**

Name of Service Provider: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person and position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_