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**DIRECTORY LISTING QUESTIONNAIRE  
FAX COMPLETED FORM TO (416) 644-1904**

**ORGANIZATION**

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
TOLL FREE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
WEBSITE: \_\_\_\_\_  
TRANSLATED NAME: \_\_\_\_\_  
ALSO KNOWN AS: \_\_\_\_\_  
ACRONYM: \_\_\_\_\_  
FOUNDED: \_\_\_\_\_

**CHIEF OFFICERS/STAFF**

PRESIDENT - \_\_\_\_\_  
SECRETARY - \_\_\_\_\_  
TREASURER - \_\_\_\_\_  
Vice-President - \_\_\_\_\_  
OTHER STAFF: PLEASE SEE FOLLOWING PAGE  
NUMBER OF STAFF: \_\_\_\_\_  
VOLUNTEERS: \_\_\_\_\_

**MEMBERSHIP**

MEMBER OF: \_\_\_\_\_  
NUMBER OF MEMBERS: \_\_\_\_\_  
MEMBERSHIP PROFILE: \_\_\_\_\_  
MEMBERSHIP FEE: \_\_\_\_\_

**OTHER:**

AWARDS: PLEASE ATTACH A LIST  
AWARENESS EVENTS (PLEASE INCLUDE THE DATE): \_\_\_\_\_  
ACTIVITIES: \_\_\_\_\_  
COMMITTEES: \_\_\_\_\_  
SOURCES OF FUNDING: \_\_\_\_\_



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**DO YOU:**

- RENT YOUR MAILING LISTS?  YES  NO  
HAVE A SPEAKERS SERVICE?  YES  NO  
HAVE AN INTERNSHIP PROGRAM?  YES  NO

**OTHER STAFF: (ATTACH LIST IF NECESSARY)**

NAME: \_\_\_\_\_  
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**SERIAL PUBLICATIONS:**

TYPE: (EG. NEWSLETTER, JOURNAL, MAGAZINE) \_\_\_\_\_

TITLE: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_

PRICE: \_\_\_\_\_

EDITOR:: \_\_\_\_\_

ISBN: \_\_\_\_\_

ISSN: \_\_\_\_\_

ACCEPT ADVERTISING?  YES  NO

DESCRIPTION OF CONTENTS:

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**CONFERENCE/CONVENTIONS:**

*PLEASE SUBMIT ANY LITERATURE PERTAINING TO FUTURE CONFERENCES AS IT BECOMES AVAILABLE.*

2009 2010 2011

NAME OF MEETING: \_\_\_\_\_

LOCATION: (CITY/PROVINCE/COUNTRY) \_\_\_\_\_

FACILITY: \_\_\_\_\_

DATE: \_\_\_\_\_

NUMBER OF ATTENDEES: \_\_\_\_\_